



San Francisco Public Library

Government Information Center San Francisco Public Library 100 Larkin Street 5th Floor San Francisco, CA 94102

REFERENCE BOOK Not to be taken from the Library



https://archive.org/details/agendasminutessa2014sanf



Mayor Edwin Lee

1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental health

MEETING OF THE MENTAL HEALTH BOARD AGENDA

Wednesday, January 8, 2014 1380 Howard Street Room 515 6:30 PM - 8:30 PM

Call to Order

Roll Call

Agenda Changes

Item 1.0 Directors Report For discussion. GOVERNMENT DOCUMENTS DEPT

DEC 1 1 2013

SAN FRANCISCO PUBLIC LIBRARY

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 Mental Health Service Act Updates and Public Hearings For discussion.

The passage of Proposition 63 (now known as the <u>Mental Health Services Act</u> or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

- 2.1 Mental Health Services Act Updates
- 2.2 Public Comment

Item 3.0 Action Items
For discussion and action.

3.1 Public comment

- 3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of November 13, 2013 be approved as submitted.
- 3.3 Proposed Resolution: Be it resolved that the notes for the Mental Health Board Retreat on December 7, 2013 be approved as submitted.
- 3.4 Proposed Resolution: Be it resolved that the Mental Health Board commends the work of the San Francisco Night Ministry on its 50th year.

Item 4.0 Presentation: National Alliance for Mental Illness (NAMI), Bailey Wendzel

- 4.1 Presentation: National Alliance for Mental Illness (NAMI), Bailey Wendzel
- 4.2 Public Comment

Item 5.0 Reports

For discussion

- 5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.
- 5.2 Report of the Co-Chairs of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.
- 5.3 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.
- 5.4 Report by members of the Board on their activities on behalf of the Board.
- 5.5 New business Suggestions for future agenda items to be referred to the Executive Committee.
- 5.6 Public comment.

6.0 Public Comment

Adjournment

DISABILITY ACCESS

1. This meeting will be held at 1380 Howard Street, (corner of 10th and Howard Streets), in Room 515. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, 14 Mission, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI

accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

- 2. Room 515 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 3. 1380 Howard Street is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Alley.
- 4. Meetings are usually held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
- 5. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 6. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and meeting rooms are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.
- 7. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
- 8. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

9. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689 Telephone: (415)554-7724 Fax: 4(15) 554-5163 E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics



Edwin Lee Mayor 1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org

Unadopted Minutes

Mental Health Board Wednesday, January 08, 2014 1380 Howard Street 5th Floor, Room 515 San Francisco, CA

BOARD MEMBERS PRESENT: David Elliott Lewis, Ph D, Co Chair; Ellis Joseph, MBA, Co Chair; Wendy James, Vice Chair; Terry Bohrer, RN, MSW, CLNC; Kara Chien, JD; Lena Miller, MSW; Andre Moore; Terence Patterson, EdD, ABPP; Alphonse Vinh, MS; Bailey Wendzel; and Errol Wishom.

BOARD MEMBERS ON LEAVE: Virginia S. Lewis, MA, LCSW, Secretary; Melody Daniel, MFT; and Sgt. Kelly Kruger.

BOARD MEMBERS ABSENT: None

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Toni Parks, Victor Gresser, Peer-to-Peer and Vocational Services; Dan W. Lee and 13 members of the public.

CALL TO ORDER

Dr. David Elliott Lewis called the meeting of the Mental Health Board to order at 6:38 PM.

He introduced Ms. Bailey Wendzel, a newly appointed board member. She is the Program Coordinator at the National Alliance on Mental Illness (NAMI-SF) in San Francisco. She was recently appointed by District 2's Supervisor Mark Farrell to a family member seat on the board. She shared that she wanted to join the board because she is passionate about mental illness which she started to learn more about it as a child because she wanted to help her family. In addition to her work with NAMI, she works closely with the Veterans Administration (VA) in San Francisco to help recently returning veterans with PTSD. including their families.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

JUMENTS DEAT

FEB - 6 2014

There were no changes to the agenda.

ITEM 1.0 DIRECTOR'S REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. Robinson, Director of CBHS, gave the January 2014 director's report.

She shared the latest updates that she learned about a few hours before coming into the meeting. These last minute updates were not incorporated in her January 2014 report. The current California governor Jerry Brown just received the proposed budget for the State, and she hoped the governor will continue to support social services.

On January 2, 2014 a meeting included the non-specialty mental health topic. The State of California asked CBHS to take on the out-patient mental health challenge. One of the 10 essential benefits in the Affordable Care Act (ACA) is non-specialty care, which is recognized in the Diagnostic Statistical Manual (DSM) V manual, which was completed in May 2013, as a medical necessity with symptoms ranging from mild to moderate but symptoms are not disabling enough to scriously interfere with a person's life functions.

We know that about 11% of the general American population at some point in their lives will seek mental health care. In San Francisco, about 42,000 people will utilize non-specialty care services. The initial allocation is \$2.13 per member per month. But that allocation can increase higher to an average of \$16 to \$21, depending on the pathology. The funding just pays non-specialty care with licensed clinicians but not with psychiatrists.

We will tap into our Providers Network of licensed clinicians to provide non-specialty mental health services. These services are individual and group therapy, assessment, out-patient services, laboratory services for drug therapy, medication management and psychiatric consultation. However, relational therapy such as couple counseling and family therapy are excluded. CBHS is trying to make access to non-specialty care, which requires a physician referral, as friendly as possible for clients.

Behavioral Health Access Center (BHAC) clinicians can perform assessment and do referrals. The key feature of non-specialty care coverage is the inclusion of substance abuse. There is not an exclusion clause on the number of sessions, and treatment continues until the underlying diagnosis no longer meets medical necessity. We have identified several groups in CBHS to train staff and peer specialists to engage clients in mental health and substance disorder care.

The second news is in the spring, the 2014 Peer Specialist Certificate program will be offered by Richmond Area Multi-Services, Inc. (RAMS) which is a private, non-profit comprehensive mental health agency.

Dr. David Elliott Lewis asked what constitutes non-specialty mental health services.

- Ms. Robinson explained that mental health issues diagnosed and recognized in the DSM V manual as medical necessity with mild to moderate symptoms. Prevention and early intervention of severe mental illness (SMI) costs a lot less than a full-blown hospitalization or psychiatric emergency, not to mention the expense to public safety.
- Dr. Patterson asked for clarification of the definition of medical necessity.
- Ms. Robinson explained that the definition of medical necessity is highly technical and medically specific in term of covered benefits as defined by medical insurance plans. But mental health professionals have recognized that different situations meet a different definition because no definition adequately specifies the precise boundary.

Because of the medical definition of what constitutes a medical necessity and from the perspective of coverage determination guideline, any coverage for behavioral health assessment and treatment for V-Code conditions may not be recognized in the medical DSM V manual. Therefore, a V-code suffer may not be entitled to health insurance benefits. For example, combat PTSD is a covered benefit but community violence PTSD is a non-covered benefit.

Something of interest to the board is the State mandated adult-client satisfaction survey from various community programs. Historically the survey was not publicly available, but it is now in the public domain. It used to be that program providers, themselves, did not even know the survey's results. Now, providers can see feedback and make changes.

- Ms. Bohrer was impressed with the survey. She also suggested future surveys should include a number showing the total of participating patients versus the total of actual responses.
- **Dr. David Elliott Lewis** wondered if the next round of request for proposals (RFP) would be more focused on ACA services in terms of a holistic approach to both mind and body.
- Ms. Robinson explained that holistic care is very important in the health home concept. She suggested the board should include Mission Health in its program reviews in the fiscal year 2013-2014. She said Dr. Ryan Shackleford is both a family care and a psychiatric internist at Mission Health.

1.2 Public Comment

- Mr. Fofide is with the Tom Waddell program and asked how the ACA affects clients who are already receiving services.
- Ms. Robinson explained it depends on classification. There is no change for people with severe mental illness (SMI). But for people with mild to moderate mental illness, she will try to make it possible for them to get help.
- Mr. Gresser asked for clarity on the number 41,000.

Ms. Robinson explained that 41,000 is the initial number from Medi-Cal, meaning San Francisco has about 41,000 clients with Medi-Cal coverage. Starting in 2014, San Francisco will have two health plans for people without private health insurance. So far, the Anthem plan has 800 participants and the San Francisco Health plan has 11,000 participants. The \$2.13 per person is just the initial allocation amount that could increase to \$15 - \$20 per member.

She also mentioned the Victor Gresser is a CBHS peer intern and works a few doors from her office, and at his desk he has an empowering sign that reads

QUESTION 1:

A person with a history of mental illness or substance abuse can live a happy life which includes satisfying employment that meets the standards of the employer and the community.



False

Monthly Director's Report January 2014

1. Youth Leadership Institute's Tobacco Use Reduction Force (TURF)

Youth Leadership Institute's (YLI's) Tobacco Use Reduction Force (TURF) is a group of San Francisco youth leaders working to reduce the impact of tobacco on their city's low-income

neighborhoods. In a significant new development, TURF has built an unlikely partnership with the powerful Arab American Grocers Association (AAGA), the City's largest association of small independent markets with more than 400 separate retailers. Though most Association members sell Tobacco, AAGA is now supporting TURF's efforts to reduce tobacco retailer density and improve community health. For TURF leaders this development exceeded their expectations. Luisa Sicarios, TURF member and YLI Board member, shared that for the first time she 'felt heard' by AAGA. Youth leader Malaysia Sanders explained that it felt good to be "on the same page" with an ally like AAGA.

At the first meeting between TURF and AAGA leaders, both groups were able to quickly find common ground. TURF leaders carefully and effectively talked about the impact of a disproportionate number of tobacco retailers in their communities, in comparison to other more affluent parts of San Francisco, and crafted a message about why AAGA should stand with them on this issue. The message resonated with AAGA leadership and captured their full attention. TURF leaders spoke from the heart, which cemented the newly formed relationship.

In their second meeting, AAGA took this partnership a step forward, asking TURF to help them in their efforts to pass an ordinance to help sustain small independent retailers in SF. Given that TURF has secured more than 600 individual and organizational supporters for its ordinance, AAGA realized TURF could be an important ally to them as well.

San Francisco has more than one thousand stores that sell eigarettes and other tobacco products, most of which are concentrated in low-income communities of color. While the city is divided into 12 supervisorial districts with relatively equal total populations, some districts like the Tenderloin have more than 270 outlets, while others, like the Marina, have 50 outlets. With support from AAGA, TURF is now working draft a policy that will cap the number of tobacco retail permits per district to 45 and create a mechanism to reduce permits over time without taking permits directly from existing merchants. TURF estimates that this mechanism will significantly reduce the number of stores selling tobacco over the next ten years.

2. Consumer's Guide to Addition Treatment

CASA Columbia just released a consumer's guide to finding high quality addiction treatment. The link is

http://www.casacolumbia.org/addiction-treatment

3. Seeking Safety in CBHS

Two years ago, the CBHS Groupwork Committee launched a system-wide implementation of Seeking Safety, and organized the training of a hundred clinicians from over thirty CBHS programs – who all agreed to implement Seeking Safety groups for at least a year at their agencies.

This initiative was part of promoting group-work – instead of just individual counseling – as a pathway of treatment for clients presenting with common problems for which group intervention

is effective at addressing – one of which is Seeking Safety for trauma and substance abuse. Gabriela Grant provided the Seeking Safety training for the CBHS clinicians.

The newly-trained Seeking Safety counselors met quarterly during the first year in 2012 to support each other in the launching of their groups, and to problem-solve implementation barriers with CBHS central administration. Follow-up trainings and implementation manuals, along with evaluation support through Quality Management, were provided by CBHS. An email list-serve allowed the clinicians to share experiences with each other, and regular feedback solicited by CBHS allowed them to give input about support they needed from central administration.

The result two years ongoing is the sustained interest in, and continued implementation of, Seeking Safety at CBHS programs. Each of the twenty-nine participating CBHS programs delivered an average of 41 Seeking Safety sessions at each site, which engaged the active participation of a total of 806 CBHS clients. These 806 clients received an average of 9 Seeking Safety group sessions each, which resulted in significant improvements over time (as measured over three time periods in the evaluation study) in self-reported drug and alcohol use, and in the ability to attain safety in their relationships, thinking, behavior, and emotions.

A survey conducted last month with Seeking Safety clinicians showed continued interest in CBHS trainings and support for Seeking Safety insplementation. Seeking Safety is an evidence-based practice that makes use of twenty-five session-modules, and a present-focused therapy approach, to help people attain safety from trauma/PTSD and substance abuse. Seeking Safety consists of 25 topics that can be conducted in any order: Introduction/Case Management, Safety, PTSD: Taking Back Your Power, When Substances Control You, Honesty, Asking for Help, Setting Boundaries in Relationships, Getting Others to Support Your Recovery, Healthy Relationships, Community Resources, Compassion, Creating Meaning, Discovery, Integrating the Split Self, Recovery Thinking, Taking Good Care of Yourself, Commitment, Respecting Your Time, Coping with Triggers, Self-Nurturing, Red and Green Flags, Detaching from Emotional Pain (Grounding), Life Choices, and Termination.

4. Westside Community Services Hires New Director of Child, Youth and Family

Dr. Monique LeSarre is the new Director of our Child, Youth and Family division. Dr. LeSarre most recently directed the San Francisco Mental Health Services Act Project where she worked with the San Francisco Department of Public Health to recruit and train a culturally competent workforce for community mental health settings. She has an impressive background in teaching, research and clinical service delivery and has trained at Oakland Children's Hospital, Iris Center, Haight Ashbury Psychological Services and the Center for Youth Wellness with Dr. Nadine Burke.

Dr. LeSarre continues to serve as adjunct faculty at the California Institute of Integral Studies, teaching in the Master's in Counseling programs and the Bachelors of Arts Completion Program. She regularly consults and provides trainings and curriculum development with Bay Area clinics, community based organizations, and Public Health agencies including Glide Memorial Church, Larkin Street, Californians for Safety and Justice, and Insight Prison Project.

Dr. LeSarre has worked extensively with youth and adults serving life sentences at San Quentin Prison. Her past clinical work involved early intervention with mothers in residential drug treatment, as well as with children zero to five with developmental delays. Her areas of clinical focus include institutional violence, trauma across the lifespan, community trauma and indigenous healing practices in urban communities. She is passionate about providing multiple levels of intervention from direct services, training, family and community support and wellness modalities. Dr. LeSarre's teaching, training and service delivery model relies upon utilizing and recognizing our children, youth and families strengths and resiliencies and engaging the community from a strong culture based supportive approach.

5. Alleviating Atypical Antipsychotic Induced Metabolic Syndrome (AAIMS)

Alleviating Atypical Antipsychotic Induced Metabolic Syndrome (AAIMS) is MHSA-Innovations pilot program led by the Housing and Urban Health Clinic. This program adapted an existing nutrition and exercise protocol into a community mental health setting and integrated shopping and cooking skills training. This program educates consumers prescribed atypical antipsychotics about the connection between diet and health, how to shop based on what is locally available, healthy cooking, and how to exercise to improve fitness and health.

AAIMS continues to evolve. Peer leaders have begun to play a larger role in community outreach and recruitment/retention of new members. Peer leaders, in addition to teaching/supporting the 20 week AAIMS

nutrition and cooking classes, they also assist in:

- Developing and offering a menu of tailored trainings to the community (e.g., SROs, community agencies, mental health providers) on healthy cooking and eating/for wellness & recovery
- (2) Planning to collaborate with a local organization to create co-facilitator positions for AAIMS Peer Advocates in their healthy cooking workshops in SRO buildings in the Tenderloin
- (3) Increasing participation in local community organizing and advocacy efforts as food justice leaders and spokespeople
- (4) Conducting outreach/cooking demonstrations at community events. And,
- (5) Helping to develop and publish a healthy eating cookbook for the Tenderloin SRO resident community.

The AAIMS project has been incredibly innovative and successful. At this point, it is morphing into a peer vocational training program in nutrition and cooking. But most importantly, it has been powerfully healing to participants involved. One participant/peer leader confided: "I go to my therapist, to support groups, to my doctor... but nothing has helped me more than being part of this group. This is the best therapy for me, hands down!"

6. New Research: Alcohol, Tobacco, Drug Use Much Higher among those with Mental Illness

Rates of smoking, drinking and drug use are significantly higher among those with psychotic disorders than the general population, U.S. researchers say. The article, "Comorbidity of Severe Psychotic Disorders With Measures of Substance Use," recently published in the journal *JAMA Psychiatry*, found that:

- 30% of those with severe psychiatric illness engaged in binge drinking, compared to 8% in the general population.
- Among those with mental illness, more than 75% were regular smokers, compared to 33% in the control group.
- Half of those with mental illness also used other illicit drugs, compared to 12% in the general population.

A link to the abstract can be found here: http://archpsyc.jamanetwork.com/article.aspx?articleid=1790914

7. Chinatown Child Development Center Recognized by Health Commission

At its December 17, 2013 meeting, the San Francisco Health Commission recognized the entire Chinatown Child Development Center (CCDC) staff with one of its Health Commission Employee Recognition awards. During its 40-year history, the CCDC staff have strongly believed that it "takes a community" to provide the needed services to the unserved and underserved Chinese and Southeast Asian populations in our City. Their efforts have exemplified best practices, resulting in improved outcomes for our clients. Staff have consistently entrenched themselves in the Chinatown community and beyond, developing relationships and partnerships with different community-based agencies and individuals.

CCDC partnered with the Chinatown Public Health Center to provide two successful programs to the community in 2012, both focusing on obesity prevention. Chinatown Public Health Center has been CCDC's primary care partner for close to 30 years. This partnership is a perfect example of the movement towards primary care/mental health integration which our SF Dept. of Public Health has been encouraging.

Due to the consistent good work that CCDC staff do, whenever Community Behavioral Health Services has a new idea or initiative that needs to be piloted, CCDC staff are often called upon to help. Regardless of how busy CCDC staff may be, they always stand ready to help out.

8. Media Toolkit available for Mental Health Stakeholders

The new resource, "Working with the Media to Tell Your Story," produced by the Entertainment Industries Council, Inc. is a toolkit to help mental health community organizations and individuals connect with the media around accurate and positive mental health stories. The toolkit is currently available in both English and Spanish. Contact: Nedra Weinreich at nweinreich@ciconline.org or (818) 861-7782.

9. Save the Date For Mental Health and Substance Use Disorder Awareness Day

On May 13th, 2014, California's mental health community will come together for Mental Health and Substance Use Disorder Awareness Day in Sacramento, CA. The event is being coordinated through the California Coalition for Mental Health and Each Mind Matters to raise awareness of mental health and substance use disorder treatment. Additional details on this exciting event are coming soon. Contact: Joseph Robinson at Joseph.Robinson@calmhsa.org

10. Quality Improvement in Civil Service Programs

Beginning in October 2012, CBHS Executive Leadership began meeting with the program directors and medical directors of the 20 civil service mental health and substance abuse treatment programs with the goal of identifying and addressing quality of care. Two initial meetings were held during which improving clinic flow and successful treatment completion were identified as key areas for improvement. After an introduction to the Plan-Do-Study-Act model for process change, each clinic was asked to identify something they could try within the next two months that would result in improvements in these areas. Ideas were collected at the meeting, and were compiled and emailed back to the attendees as reminders of their plans.

A follow-up meeting was held on February 8, 2013, during which each clinic presented what they tried, what they learned, and next steps. In this way, the group learned about Rapid Tests of Change and PDSAs in a way that was experiential and meaningful. Program teams refined their focus to address flow into and out of their programs to create more service capacity. For the remainder of FY 2012-13, programs began testing small changes and reported progress during quarterly meetings and via on-line surveys from administration. Initially the goal was to simply practice using the PDSA model, and gain interest and buy-in from staff in using this approach. The majority of the tests conducted in this period were related to clinic flow: however, it was clear that more effort needed to be put into identifying clear project aims, goals, objectives and measures. The decision was made to bring in a quality improvement trainer to conduct a full day "ABC's of QI" with the civil services teams, to provide a stronger foundation in the Model for Improvement and the use of the PDSA model. This training was held at the Ferry Building on July 17th, 2013 and was conducted by Hunter Gatewood of Signal Key Consulting. In addition to the civil service Program Director and Medical Director, each clinic was asked to add a Clinical Psychologist and Senior Clinician to their team. During this training, teams spent considerable time developing AIM statements, drafting measurable goals and objectives, and thinking through measures that could be used to monitor progress.

Based on contacts with each civil service clinic in which clinic progress and motivation was assessed, three cohorts of clinics were formed: Early Innovators (7 clinics), Developing a Plan (5 clinics), and Getting Started (8 clinics). Each of these cohorts was convened for a half-day follow up training in October 2013 with Hunter Gatewood and CBHS Executive Leadership to bolster the understanding of the Model for Improvement and PDSAs, and to refine the focus of the QI projects for the next year. Through these discussions, the issue of "flow out" of our programs was selected by nearly all of the programs.

Beginning in February 2014, Quality Improvement staff will be setting up individualized coaching meetings and monthly group calls to support the ongoing QI efforts, including providing data to support both PDSA evaluation and progress on the project AIM. The goal of

the QI coaching is to support the clinics in the use of QI tools as they test their own creative solutions to addressing clinic outflow to enhance overall clinic capacity.

11. Family Mosaic Project

In mid-2013, all of FMP staff were trained in the Wraparound Model and its principles. Since that time, FMP has been focused on redeveloping its infrastructure, program planning and implementation. FMP staff spent a huge amount of time in program planning meetings, trainings and retreats. One of the many new additions to FMP is our Wrap team that consists of one care coordinator, two behavioral support staff, clinical psychologist, nurse and a psychiatrist. While each team member holds a specific role, the team works together to provide an array of services to a maximum of 7 families. Family Mosaic Project will continue to use this year in developing its service delivery of the Wrap team and intensive case management program.

12. Parent Training Institute

In December, the PTI's Steering Committee received feedback from a team of researchers from the Centers for Disease Control (CDC), which had conducted focus groups with Triple P practitioners in June to learn more about cultural and other adaptations made to better meet the needs of diverse families. The research team was impressed by the work of our local Triple P practitioners and reported that they hope to expand the study and collect more data in the spring.

The PTI was invited to participate in a national webinar on January 28, 2014 focusing on the quality improvement framework used by the PTI with the evidence-based parenting programs for families involved with child welfare. The webinar is hosted by the National Child Welfare Resource Center for Organization Improvement (www.nrcoi.org, which is a service of the Children's Bureau. The presenters from San Francisco will be Sylvia Deporto (Deputy Director of Family and Children Services, Human Services Agency), Stephanie Romney (Director of the PTI), and Judith Baker (Former Director of South of Market Family Resource Center and Triple P practitioner).

13. <u>TBS</u>

As a result of the 2013 RFP, there was a reduction in contractors. I'd like to commend Edgewood, RAMS Fu Yau Project, Homeless Children's Network, Infant Parent Program's Daycare Consultants, and Instituto Familiar de la Raza for taking on additional child care sites and clients while doing their very best to ensure continuity of care. Hundreds of clients were associated with the RFP's transition phase, and each agency is doing an amazing job during this critical time. Also, through a participatory process, the ECMHCI's CBHS program manager and the five contractor program directors are currently identifying core issues to resolve in order to further evolve the work and standardize core components of service delivery.

14. AHM Higher

Since 2009, in partnership with SF JPD, the AIIM Higher (AH) Team has worked with over 500 probation-involved youth and their families to identify, understand, and translate their needs and strengths into recommendations for case planning.

AIIM uses the Child and Adolescent Needs and Strengths (CANS) Assessment to increase mutual understanding and good decision-making, target treatment recommendations and coordinate steps.

This "collaborative care cycle" mobilizes youth and their families to engage in services and sets them up to succeed (Fig 1.). Since the CANS is used by all System of Care providers, cross-system planning and communication about progress aligns supervision and treatment goals to support youth as they transition back to their families and communities.

A recent evaluation of AIIM clients (N=164) from 2010-13 demonstrated that this process works. Probation officers and AH agreed on treatment decisions for a majority (82%) of youth (Fig. 2).

In addition, we found that AIIM clients who engaged in community treatment had a significant decrease in needs and risks and improvement in life functioning on their most recent CANS (Fig 3).

As a next step, we are working together to increase probation and provider collaboration in the management and delivery of enhanced services so that youth receive the right type of care in the right amount to support their health, safety and well-being.

15. Katie A.

The IASC (Katie A.) implementation is moving along. We have a dedicated team from CBHS and HSA who are willing to participate in a PSA. The PSA will focus on assigning a care coordinator from CBHS to follow foster care youth throughout their time in HSA. We are hoping that this will provide more effective and consistent mental health service delivery to this vulnerable population and their families.

16. California Statewide Conference on "Keeping Kids in School and Out of Courts Summit"

On December 4th, 2013, CBHS Children, Youth & Families System of Care participated in the California Statewide Conference on "Keeping Kids in School and Out of Courts Summit" at Anaheim. The Summit brought together judicial officers, educators, juvenile justice and child welfare professionals, and community leaders to:

- Spotlight the problem of truancy and school discipline policies that put California's children at greater risk of juvenile and criminal justice system involvement;
- · Highlight some successful solutions to the problem; and
- Engage local teams to return to their home counties with a strategy to keep kids in school and out of court.

The City of San Francisco's panel included key staff and leadership from DPH, JPD, HSA, DA's Office, Public Defender, SFUSD, and TARC. The day was highlighted by Chief Justice Tani Cantil-Sakauye signing a resolution declaring Dec 4, 2013, "Keeping Kids in School and Out of Court Day."

Tell us your clinic story and we will add it to the upcoming Director's Reports.

Past issues of the CBHS Monthly Director's Report are available at: http://www.sfdph.org/dph/comupg/oscrvices/mentalHth/CBHS/CBHSdirRpts.asp To receive this Monthly Report via e-mail, please e-mail reanna.albert@sfdph.org

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates: Mental Health Services Act Annual Update

Ms. Robinson announced that the Board of Supervisors (BOS) already requested the proposed MHSA budget, because the BOS wants to start soliciting public discussion at budget hearings.

2.2 Public comment

Mr. Lee pointed out that there are San Franciscans with mental illness whose income level exclude them from receiving Medi-Cal services, but believed that they should be allowed to still receive a subsidy to participate in the Covered California program.

Ms. Robinson stated that any person can get a qualification determination under the ACA.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of November 13, 2013 be approved as submitted.

Unanimously approved

3.3 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board Retreat on December 7, 2013 be approved as submitted.

Unanimously approved

3.4 PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends the work of the San Francisco Night Ministry on its 50th year.

Unanimously approved

ITEM 4.0 PRESENTATION: NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI), BAILEY WENDZEL

4.0 Presentation: National Alliance for Mental Illness (NAMI), Bailey Wendzel.

Ms. Wendzel's NAMI-SF presentation handout is at the end of the minutes.

Ms. Wendzel is Program Coordinator at the National Alliance on Mental Illness (NAMI-SF) and is a new board member. She said NAMI is the largest grass roots mental health organization in the US. In the US general population, statistically, about 25% live with some form of mental illness, and a mission of NAMI is to improve the quality of life for people with mental illness.

In San Francisco, NAMI reaches out to Bayview and Visitacion Valley areas. Expanding educational training programs in mental health and substance use disorder to peers, family and providers, NAMI just started four months ago with language capability in Cantonese and Spanish. NAMI training programs are always conducted in pair of presenters. Mental Health Board member Virginia Lewis has led therapeutic sessions for NAMI.

Fundraising from the annual NAMI walk, other fundraising events and grants support NAMI training programs from Family-to-Family, Peer-to-Peer, In Our Own Voice (IOOV), Parents & Teachers as Allies, Ending the Silence to Provider Education programs.

In a five week course offering cultural perspectives from family members, consumers, for example, Provider Education targets doctors, nurses and healthcare providers. Parents & Teachers as Allies is training in two hours for teachers and parents to better understand early warning signs of mental illness in children & adolescents.

Ending Silence educates high school youth about mental illness, and teaches coping skills to offer hope and dreams, so high school students can support and find resources for their friends and families. The program also contacts parent to give them information.

In Our Own Voice are speaking presentations for organizations and corporations like Genentech and Deloitte Consulting Services. Speaking presentations are therapeutic for NAMI speakers because talking about their own experiences validates their recovery.

She introduced Dr. David Elliott Lewis to talk about In Our Own Voice (IOOV.

Dr. David Elliott Lewis explained that In Your Own Voice is a two-speaker presentation. He believed the program provides self-empowerment and self-validation in recovery, because presenters speak about personal challenges and struggles and put a human face to the illness. IOOV is an opportunity for personal growth, because participants reflect back their dark periods without reliving the trauma, appreciate support from the community in their personal progress of recovery and can feel hopeful about their future for themselves, their families and friends.

He recounted that in his childhood years he grew up with a stay-at-home mother and perceived that people with mental illness could just simply "snap out of it." But, in actuality, as an adult in his 40's his debilitating depression and panic attacks were triggered by several tragic events that happened over a short time span -- his grief over the loss of his parents in a relatively short period of time, the ending of his long-term marriage, and the bankruptcy of his business.

But, he shared that his recovery has been a multi-faceted one. He received therapeutic help in San Francisco's community based behavioral services and programs. In his early recovery process, he got weekly therapy. For him, the path to recovery has been progressively getting better.

In Your Own Voice is very therapeutic because he has been able to pull himself out of his own inner dark world. He believes that many people under-appreciate the therapeutic value of recovery, resiliency and perseverance. He joined the board as a mental health advocate to change social attitudes and to help eliminate the stigma of mental illness and the discrimination of people with mental illness.

Ms. Wendzel said the Peer-to-Peer program teaches coping skills and people living with mental illness relate well to peers, because peers get it without further explanations. The mentorship helps people transition into the workforce and to live a productive life. Participants in the training get a binder of materials and leave with an Advanced Care Directive for Mental Health and a relapse prevention plan. After completing the program, there is also follow up with students. There is also assessment before and after completing the training. NAMI currently runs four trainings to June 2014 at several CBHS clinics.

The Family to Family program is a great one when a family member can get family training simultaneously as a loved one receives peer training to learn about coping skills and self-care. When family is involved in their love one's treatment, the outcome is better for the whole family. About two-thirds of graduates of both trainings go on to become teachers themselves. The programs are recognized and listed on national evidence based lists of best practices.

Mr. Wishom commented that the San Francisco NAMI is a great program. He has participated in NAMI annual fundraising walks for several years. He is NAMI-SF certified and for two years, he

did about 15 In Your Own Voice speaking engagements at high schools, San Francisco General Hospital and other organizations.

Dr. Patterson wondered if there is range of trainings in surrounding communities.

Ms. Wendzel said Family to Family and Peer to Peer trainings are generally offered in many local NAMI chapters. But other trainings like In Your Own Voice, Parents & Teachers as Allies, Ending the Silence and Provider Education programs are not so common elsewhere.

Ms. James shared that she felt validated in her recovery because she does not feel that she is going through the recovery alone. She felt that a mindfulness practice has helped her grow personally.

Dr. David Elliott Lewis said that NAMI collaborates with other community programs as training partners.

Ms. Wendzel said Peer-to-Peer training takes place inside a clinic. Family-to-Family trainings are done outside of a clinic, after business hours and on weekends. The participating clinics are the Ocean Mission Ingleside (OMI), the Sunset, Mission and South of Market.

Ms. Robinson commented that NAMI San Francisco received some MHSA funding.

Mr. Vinh asked the time duration for the Peer to Peer program.

Ms. Wendzel said the program is 10 weeks long with meetings once a week on the same weekday at same time.

Dr. David Elliott Lewis remarked that it is great to see that family and consumers have aligned themselves on the same side, which has not always been the case before.

4.2 Public Comment

Mr. Gresser participates in Peer-to-Peer and Vocational Services and asked about class size.

Ms. Wendzel said the average size is 15-20 participants with a pair of instructors. The small setting with low instructor-to-student ratio is very conducive.

A public member asked about the choice of word of "illness" in the NAMI acronym, rather than the word "health" which sounds less stigmatizing.

Ms. Wendzel said the acronym was founded during the 1970's and the terminology of "illness" itself can be very stigmatizing in the 21st Century. She believed the world "health" should replace the word "illness" since health is a lot more positive.

Ms. Bohrer shared that she came from Maryland and has been a member of NAMI since 1976. She explained that since the early founders of NAMI were made up of concerned parents who were

seeking care for their children, they felt the word "illness" best characterized their children's symptoms. Thus the word "illness" was adopted into the acronym.

ITEM 5.0 REPORTS

For discussion

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke made the following announcements

- January 22nd and 29th, 2014 are Constant Contact's social media trainings at the San Francisco Library in the Civic Center.
- January 23rd, 2014 is <u>Understanding Trauma</u>, and <u>Attachment Theory and Trauma</u> training at the California Endowment Conference Center in Oakland.
- February 6th, 2014 is <u>Psychophysiology of Trauma</u> training at the California Endowment Conference Center in Oakland.
- February 20th, 2014 is <u>Trauma Informed Care</u> training at the California Endowment Conference Center in Oakland.
- Board members who need to seek re-appointment to the board received their application packet in their envelope, except for Kara Chien who has already submitted hers.

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Dr. David Elliott Lewis announced that the Executive Committee has changed its meeting time to the daytime. The next meeting is Thursday, January 16th, 2014 at 11:00 AM at 1380 Howard Street, Room 424. All board members as well as members of the public are welcome to attend.

- 5.3 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.
- Ms. Bohrer suggested recognition of Terry Byrne at MHA-SF for her Send a Card [to a hospitalized person with mental illness] project.
- Dr. Patterson suggested Ms. Adrienne Williams from the Western Addition for her involvement in the Village project, which helps children traumatized by violence.
- 5.4 Report by members of the Board on their activities on behalf of the Board.
- Mr. Vinh will attend the second workshop next week on crisis counseling for seniors who have a higher suicide rate than other age groups.
- Dr. David Elliott Lewis announced that he plans to attend Health Commission meetings next week. He also wanted to attend a BOS meeting to address a 24/7 mobile mental health crisis outreach system for San Francisco.

5.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Ms. James would like a presentation on senior suicides.

Mr. Wishom would like a presentation about wheel-chair bound people with mental illness trying to access services.

Ms. Chien suggested FSA's PREP program which is an early intervention and prevention of psychosis.

Dr. David Elliott Lewis would like a presentation from Behavioral Health Access Center (BHAC).

Ms. Bohrer suggested a workshop meeting processing data from the 2013 retreat.

Ms. Robinson suggested a presentation on Juvenile Justice Mental Health.

5.6 Public comment.

Public member wondered if a 24/7 mobile mental health crisis outreach is like having the former program in San Francisco called Spirit menders.

Public member would like discussion or a presentation in the new business section to include children and teenagers with mental illness. She was very disappointed when UCSF did not build a psychiatric care unit specifically for hospitalized children and teens.

Ms. Robinson said CBHS has a Child Family division for children and teens.

ITEM 6.0 PUBLIC COMMENT

No public comments.

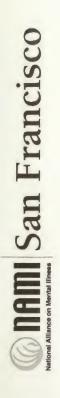
ADJOURNMENT

Meeting adjourned at 8:25 PM.





Peer and Family Programs



- individuals living with mental illness and their NAMI San Francisco offers an array of peereducation and support programs to help families
- individual and the family member perspective Our knowledge of mental health from the plays a key role in the effectiveness of our programs



Program List

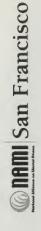
- · Family-to-Family
- Peer-to-Peer
- In Our Own Voice
- Parents & Teachers as Allies
- Ending the Silence
- Provider Education

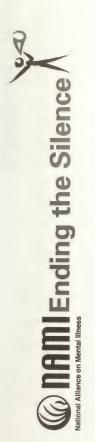
- Aim: presents a subjective view of family and consumer experiences with mental illness to providers
- 5-week course
- Teaching team consists of: 2 Family-to-Family professional who is also a family member or teachers, 2 consumers, & a mental health consumer





- better understand early warning signs of mental Aim: educate school professionals to help them illness in children & adolescents
- 2 hour in-service program
- Components:
- Introduction (education professional/parent)
- Early warning signs (facilitator)
- Family response (parent)
- Living with mental illness (consumer)





- Aim: give students the opportunity to learn about mental illness and how to seek help
- 50 minute presentation
- Delivered by two trained speakers
- about youth support services, and parents are Students are given resource card, information contacted



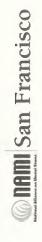


- trained individuals living with mental illness Presentation about mental illness given by
- Why peers?
- Personal expertise
- Sharing of journeys
- Role models of hope
- Stigma reduction
- Personal growth

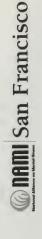




- Format:
- 2 speakers
- 5 part video (currently being remade)
- 1 hour presentation
- Audiences:
- Healthcare providers, staff, students, hospitals
- Corporations, organizations
- General public, NAMI meetings, Family-to-Family classes



- Designed for individuals living with mental illness
- Ten, 2 hour classes
- Taught by 2 trained Peer Mentors living in recovery themselves
- Offers comprehensive information on:
- Biological bases of mental illness
- Personal and interpersonal awareness
- Coping skills
- Self care
- Recovery- current treatment strategies
- Community resources





- related to preventing and accommodating relapse: Provides participants with two tangible products
- Relapse Prevention Plan
- Personalized Advance Directive for Mental Health Care Decision Making
- Studies have shown other positive outcomes:
- Improved psychological and social adjustment
- Increased security and self-esteem
- Enhanced knowledge of early warning signs
- Improved copping skills



((1) NAMI Family-to-Family

National Alliance on Mental Illness

- Designed for families, partners and friends of individuals living with mental illness
- Twelve, 2-3 hour classes
- Taught by 2 family members
- Provides concrete tools to improve coping and problem-solving skills
- Helps participants to better understand and support their loved one while maintaining their own well being





- Listed on the National Registry of Evidence-Based **Programs and Practices**
- Studies show when families participate in psychoeducation programs, their ill relatives experience fewer relapses and improved symptoms.

Relapse Rates for Patients with Schizophrenia

In a study of 895 patients, the average relapse rate is cut in half after families completed a Family psychoeducation course.







Topics

- Schizophrenia, Major Depression, Mania, Schizoaffective Disorder
- Mood and Anxiety Disorders
- Functions of key brain areas
- Problem solving skills workshop
- Medication review
- Communication skills workshop
- Resources
- Advocacy











M IN Connection National Alliance on Mental Illness RECOVERY SUPPORT GROUP













Mayor Edwin Lee

1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental health

MEETING OF THE MENTAL HEALTH BOARD AGENDA

Wednesday, February 12, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 6:30 PM – 8:30 PM

Call to Order

Roll Call

Agenda Changes

Item 1.0 Directors Report For discussion.

FEB - 6 2014

OCUMENTS DEE

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.
1.2 Public Comment

Item 2.0 Mental Health Service Act Updates and Public Hearings

For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

- 2.1 Mental Health Services Act Updates
- 2.2 Public Comment

Item 3.0 Action Items
For discussion and action.

- 3.1 Public comment
- 3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of January 8, 2014 be approved as submitted.
- 3.3 Proposed Resolution: Be it resolved that the Mental Health Board commends Ms. Terry Byrne for her work with the Mental Health Association with the "Do Send a Card" program to send get well cards to psychiatric inpatients at San Francisco General Hospital and the stigma reducing SOLVE program (Sharing Our Lives, Voices and Experiences).

Item 4.0 Presentation: Craig Murdock, Director, Behavioral Health Access Center (BHAC), Mental Health Access, Treatment Access Program, and the Offender Treatment Program.

- 4.1 Craig Murdock, Director, Behavioral Health Access Center (BHAC), Mental Health Access, Treatment Access Program, and the Offender Treatment Program.
- 4.2 Public Comment

Item 5.0 Reports

For discussion

- 5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.
- 5.2 Report of the Co-Chairs of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.
- 5.3 Report from Nominating Committee

The Nominating Committee, David Elliott Lewis, PhD, Ellis Joseph, MBA, Alphonse Vinh and Wendy James proposed the current officers for re-election. Additional nominations can be made from the floor and elections will be March 12. 2014.

- Ellis Joseph, MBA: Co-Chair
- David Elliott Lewis, PhD: Co-Chair
- Wendy James: Vice Chair
- Virginia Lewis: Secretary
- 5.4 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

- 5.5 Report by members of the Board on their activities on behalf of the Board.
- 5.6 New business Suggestions for future agenda items to be referred to the Executive Committee.
- 5.7 Public comment.

6.0 Public Comment

Adjournment

DISABILITY ACCESS

- 1. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and meeting rooms are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 2. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
- Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
- For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
- 5. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689 Telephone: (415)554-7724 Fax: 4(15) 554-5163 E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD



Edwin Lee Mayor 1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org

Unadopted Notes

Mental Health Board
Wednesday, February 12, 2014
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
San Francisco, CA
6:30 PM – 8:30 PM

GOVERNMENT DOCUMENTS DEPT

MAR - 7 2014

SAN FRANCISCO PUBLIC LIBRARY

BOARD MEMBERS PRESENT: David Elliott Lewis, Ph D, Co-Chair; Wendy James, Vice Chair; Terry Bohrer, RN, MSW, CLNC; Kara Chien, JD; Sgt. Kelly Kruger; Terence Patterson, EdD, ABPP; Alphonse Vinh, MS; and Errol Wishom.

BOARD MEMBERS ON LEAVE: Ellis Joseph, MBA, Co Chair; Lena Miller,.

BOARD MEMBERS ABSENT: Melody Daniel, MFT; MSWVirginia S. Lewis, MA, LCSW, Secretary; and Andre Moore

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Craig Murdock, Behavioral Health Access Program; Emilio Orozco, Treatment Access Programs; Toni Parks, Victor Gresser, Peer-to-Peer and Vocational Services; Dan W. Lee and eight members of the public.

CALL TO ORDER

Dr. David Elliott Lewis called the meeting of the Mental Health Board to order at 6:40 PM.

ROLL CALL

Ms. Brooke called the roll. Quorum was not established.

AGENDA CHANGES

Dr. Lewis requested an agenda change to move Item 3.3 to the beginning of the meeting Dr. David Elliott Lewis read the resolution commending Ms. Terry Byrne from MHA-SF for her work but no vote was taken because quorum had not been established.

Terri Byrne has been working in the mental health field for over 37 years. She has witnessed firsthand the transformation of the mental health system. She is currently

working at the Mental Health Association of San Francisco as the Program Coordinator of the Stigma Elimination Program, S.O.L.V.E. (Sharing our Lives Voices and Experience). The Best Job She Has Ever Had! Terri is able to facilitate conversations about the discrimination of people with mental health challenges and educate audiences about how they can fight stigma along with a dedicated speakers bureau of peer educators.

Terri was inspired to create the Do Send A Card Project after hearing Dr. Elyn Saks speak. Dr. Saks spoke of how much support, how many phone calls , flowers and gift baskets she received when in the hospital for medical reasons, and how she received not a call, a card , flowers or anything when she was in the hospital over a dozen times for mental health reasons. At the end of her presentation, Dr. Saks encouraged the audience to "Do Send Flowers." Knowing that sending flowers would be cost prohibitive- with the support of MHASF, Terri started the card project. MaryEllen Copeland (WRAP creator) learned about the project and put information in her newsletter which has generated interest from across the country. MHASF receives handwritten messages of hope from people who have been in psychiatric hospitals, who have felt forgotten and who want to reach out to others to let them know that they are not alone! On the first Monday of each month, SOLVE visits the patients on the psychiatric unit at SFGH and distributes the cards and talks about hope and recovery. MHASF has set up a website where people can send messages of hope electronically that will be transcribed to greeting cards and hand delivered for them. For more information please see these web sites.

dosendacard.org

http://www.mentalhealthsf.org/support-us/do-send-a-card/

ITEM 1.0 DIRECTOR'S REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. Robinson, Director of CBHS, gave the February 2014 director's report.

She thanked the board for sending her the summary reports for programs reviewed by board members. She reads them carefully and they are very important..

She said the request for proposals (RFP's) to conform healthcare services to the Affordable Care Act will be sent to most CBHS programs. In the CBHS system, there are substance abuse outreach clinics that provide care to clients with substance abuse disorders. One issue in the RFP is requiring counsclors in primary care clinics to provide counseling and a "warm handoff" to primary care staff. Besides having mental health counselors, all outpatient and residential treatment programs need to have substance abuse counselors as well, because outcomes are better if programs treat both mental health and substance abuse disorder components at the same time. Also, the Mayor's Office asked for a series of stakeholder meetings to explore how people with hard-to-treat illnesses can be better served.

The City and County of San Francisco received an award and recognition from the California Department of Rehabilitation (DOR), and the Chinatown Child Development Center was recently awarded a small grant from the Chinese Community Health Care Association (CCHCA) for working with 7-12 year old children with attention deficit hyperactive disorder (ADHD).

A Crisis Triage grant that is worth \$16.8 million over four years was awarded for San Francisco to both enhance child and youth crisis triage services and to establish a peer operated crisis and triage warm line serving children and adults. She recognized Eduardo Vega of MHA-SF, for his commitment and work with California Senate Leader Daryl Steinberg to help get the grant for the City.

Dr. David Elliott Lewis asked about returning financial support to programs that were affected during the economic down-turn years.

- Ms. Robinson believed funding support may help, but she has not seen much of the monies.
- Ms. Bohrer was impressed with Comprehensive Crisis Services' (CCS) work.
- Ms. Robinson explained that CCS is replicating an Alameda County crisis program for youth.

1.2 Public Comment

Mr. Vega was excited about having Crisis Triage available 24/7 to serve all districts in San Francisco from Nob Hill to Bayview Hunters Point.

Crisis Triage can provide referrals and can collaborate with the Peer Warm Line, which partners with San Francisco Suicide Prevention.

Ms. Robinson said that CBHS and MHA-SF are collaborating with other Bay Area counties on utilizing peer-run supportive services.

Monthly Director's Report February 2014

1. A Woman's Place Behavioral Mental Health Program

A Woman's Place Behavioral Mental Health, Community Awareness & Treatment Services' (CATS) new Medi-Cal program, was launched July 1, 2013. It is located at two sites: A Woman's Place Drop-In at 211-13th St. and A Woman's Place at 1049 Howard St., and is aimed at dual diagnosis, chronically homeless women. Very low threshold services at AWP Drop-In allow staff to engage homeless women who would otherwise remain under served, and to enroll them in Medi-Cal while connecting them with benefits and other needed services. As a result, 32% of women enrolled in the Mental Health Program were placed into housing, 26 % were placed into a higher level of care, and 42% continued receiving service in A Woman's Place Behavioral Mental Health program. In addition, because of the seamless services between the two sites, women readily move onto

shelter and residential services from AWP Drop-In Center to A Woman's Place. Participation in the Medi-Cal program has greatly enhanced our mental health capacity, as well as generated Medi-Cal dollars with considerable savings to the Mental Health General Fund.

2. Award and Recognition from California Department of Rehabilitation

The City and County of San Francisco received an award and recognition from the California Department of Rehabilitation (DOR) in December for "being the exemplary employer of the year for the San Francisco District for Fiscal Year 2012-13". DOR recognized CBHS in particular for its efforts in opening the door for employment opportunities for individuals with disabilities. In addition, 207 CBHS consumers were successfully placed in an employment position within the competitive workforce with the support of the collaborative DOR/CBHS Vocational Co-op Program in FY12-13. The current program providers are RAMS Hire-Ability, UCSF Citywide Employment Program and Caminar Jobs Plus. Together with the hard work of all program staff, CBHS and DOR will continue to share in the mission of creating employment, independence and equality for San Francisco consumers.

3. New Videos Bring Each Mind Matters to Spanish Speakers

CalMHSA Stigma and Discrimination Reduction contractor, Runyon Saltzman & Einhorn (RS&E), recently released two Spanish-language videos at www.EachMindMatters.org. Counties, community-based organizations and CalMHSA grantees can use these short videos to help reduce stigma and discrimination among community members and decision makers. Additional videos will be posted to the website in the first quarter of 2014 – stay tuned! Contact: Ashley Bradley at abradley@rs-e.com.

4. Each Mind Matters Launches New Spanish Language Campaign

Starting this year, SanaMente: Movimiento de Salud Mental de California will debut as the Spanishlanguage message for CalMHSA's public awareness campaigns and mental health programs statewide, with the goal to bring together coordinated efforts within the Latino community. All member Counties will receive SanaMente informational materials in the coming weeks and logos, fact sheets, and other interactive tools are available online. Spanish-language videos focused on hope, recovery and resilience can be viewed and downloaded here. For additional information on available materials, contact Aubrey Lara at aubrey.lara@calmhsa.org or (916) 389-2622.

5. Whistleblower Program

See Attachment 1.

6. Mental Health Programs See Increases in Federal Funding for Fiscal Year 2014

President Barack Obama signed the \$1.1 trillion spending bill that funds the federal government through the end of September 2014. The compromise package passed both houses of Congress

overwhelmingly last week and was signed by the President the day before federal funding was set to run out, avoiding another government shutdown. The spending bill funds every agency of the federal government. According to a press release shared by Mental Health America, the 2014 spending bill provides important increases for the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Mental Health (NIMH). Mental Health America notes a 13 percent increase in funding for mental health services and supports in the federal spending bill. Specifically, the bill includes \$1.1 billion for mental health programs, which is \$136 million more than the 2013 enacted level, whereas overall funding for SAMHSA will be set at \$3.63 billion. According to Mental Health America, the spending plan provides the first meaningful increase in funding for the Center for Mental Health Services in over a decade. With respect to the National Institute of Mental Health, NIMH will receive \$1.45 billion, the National Institute on Drug Abuse (NIDA) will receive \$1.03 billion, and the National Institute on Alcohol Abuse and Alcoholism will receive \$430 million. The bill also provides \$1 billion for the Prevention and Public Health Fund of which \$62 million shall go to SAMHSA. Additional programmatic funding highlights are noted below.

- \$40M for Project AWARE state grants (Advancing Wellness and Resilience in Education, Now is the Time)
- \$15M for Mental Health First Aid (Now is the Time)
- \$20M for Healthy Transitions (Now is the Time)
- . \$50M for PBHCI Primary and Behavioral Health Care Integration
- · \$49M for Suicide Prevention Activities
- \$46M for National Child Traumatic Stress
- \$35M for Project LAUNCH
- · \$2M for National Strategy for Suicide Prevention from Prevention Fund
- \$5M for Tribal Behavioral Health Grants
- \$8.1M for Minority Fellowship Program (CMHS only)
- · \$35M for Behavioral Health Workforce
- \$2.0M for the Consumer & Consumer Support T.A. Centers
- \$5.0M for the Consumer and Family Network Grants

7. MHSOAC Announces Intent to Award Triage Personnel Grants

The Mental Health Services Oversight and Accountability Commission (MHSOAC) announced its intent to award Triage Personnel Grants to 22 counties on January 23rd after a unanimous Commission vote on staff recommendations. Senate Bill 82 authorized the MHSOAC to administer a competitive grant program to increase the capacity of triage personnel across the State. San Francisco is one of the counties that will receive this grant.

8. Children's System of Care

Following a successful Family Support Night in January, the Children's System of Care is gearing up for a second cohort of Positive Parenting Program (Triple P) that will be offered to parents and caregivers by the Family Involvement Team, beginning in February. All graduates of parenting classes are invited to join Sista Circle, a weekly support group that offers solutions to parenting issues. Our family specialists also continue to be involved in the IASC pilot project that seeks to

implement a systems change in how mental health services are delivered to children and youth in foster care. In addition, CSOC is gearing up for a second cohort of medicinal drumming which will begin in February.

9. Chinatown Child Development Center

Two clinicians at the Chinatown Child Development Center, Dr. Hang L. Ngo and Grace Fung, were recently awarded a small grant from the Chinese Community Health Care Association (CCHCA) for a grant proposal entitled "Linguistically and Culturally Appropriate Group Therapy Treatment for Chinese Children with ADHD and Their Caregivers Based on a Modified Version of the Family STARS Program[©]." Grant funds will be used to run a 10-week clinical trial of group therapy for children aged 7-12 who have been diagnosed with ADHD, and their caregivers, based on a researched model called Family STARS. Family STARS has been shown to be effective in reducing ADHD symptoms in children and in increasing the parenting skills of their caregivers in support of their treatment. Hang and Grace will modify the interventions of the Family STARS program so that interventions are linguistically and culturally appropriate for this client population of firstgeneration, American-born Chinese children and their immigrant, monolingual, Cantonese-speaking caregivers. Children and their caregivers will attend weekly group therapy sessions for 10 weeks, with pre-, post-, and 6-month post-trial behavioral and parenting skills assessments administered to measure treatment outcome and sustainability of treatment effectiveness. Data from this clinical trial will inform effective treatment interventions for Chinese/Chinese-American children with ADHD and their caregivers. Funding from the CCHCA grant will cover costs for materials for the group sessions and incentives for parents attending the group sessions.

10. Comprehensive Crisis Services

The Comprehensive Crisis Services (CCS) team responded to numerous Adult, Child, and Crisis Response crisis calls. There was a notable increase from a slower December in terms of crises and the need for our team to triage or respond in the field with crisis assessments and evaluations. Over the last weekend in January, members of Child Crisis Treatment Team stepped up to watch a 12-year old youth who was on a 5150 hold and for whom there was no crisis bed available. Our staff worked around the clock while the team diligently tried to identify a crisis bed. This effort highlighted the need for additional crisis services in the community. In addition, CCS has received a grant to fund an expansion of our community outreach programs.

11. Early Childhood Mental Health Consultation Initiative

As a follow-up from last month, we will be holding a full-day retreat in mid-February with Early Childhood Mental Health Consultation Initiative (ECMHCI) program directors to begin prioritizing and planning action steps to resolve the identified core issues that will drive the work forward and standardize components of service delivery. In addition, CBHS and ECMHCI providers will be meeting with Children's Council of San Francisco to begin the rollout of mental health consultation to the Family Child Care Quality Network (FCCQN) which is administered by Children's Council. The FCCQN is comprised of 190 family child providers citywide that provide early care and education to over 1,700 children, aged birth to 5, and is currently the largest organized family child care network in the country.

12. Family Mosaic Project

Last year, Family Mosaic Project (FMP) conducted a focus group with parents and caregivers to gather information regarding client satisfaction with services and areas where service improvements could be made. In response to this important program quality improvement feedback, Family Mosaic will conduct four groups for clients:

- a) A youth group for boys to discuss issues and themes of transitioning from boys to men.
- b) A parent/caregiver group to focus on identifying either parenting styles and which are effective or areas of need.
- A summer group for young girls to improve socialization skills through jewelry making projects.
- d) A leadership group to expose youth to various leadership opportunities and government agencies throughout San Francisco.

13. Foster Care Mental Health

Foster Care Mental Health had a wonderfully productive staff retreat this month, reviewing our clinical and demographic data and working on refining our vision and mission statements. Our staff also focused on self-care assessment and practiced wellness strategies. We are close to hiring our first Health Worker III and are heavily involved in reviewing applications for two new 2930 social work positions.

14. Interagency Services Collaborator (IASC)

We continue to implement requirements under *Katie A*. (IASC). We have been trying new strategies to improve practice, test these strategies, and identify where further improvements can be made. Starting in February 2014, Human Services Workers will bring their requests for Intensive Treatment Foster Care to our MAST meeting. We are hoping this will ensure better collaboration and delivery of Intensive Home Based Services and Intensive Case Coordination.

15. Juvenile Behavioral Health and Integrated Treatment Services

In partnership with the Juvenile Probation Department, Juvenile Behavioral Healthcare Services received two grants from U.S. Department of Justice totaling \$1 million to increase treatment capacity and effectiveness for youth with co-occurring disorders and their families. SF Youth Back on TRACK (Treatment to Recovery through Accountability Collaboration and Knowledge) is designed to improve collaboration between probation and behavioral health providers and to enhance existing services so treatment is comprehensive, family-focused and evidence-based. The Family Intervention, Reentry and Supportive Transitions (FIRST) program will enhance juvenile reentry services by adding intensive family therapy that begins with youth and families 2-3 months prior to discharge in residential placement and continues through their transition back to life in the community. Both grants have significant training and coaching resources designed to introduce and sustain

practice change.

As part of efforts to prepare Child, Youth and Family System of Care providers for Drug Medi-Cal certification, Dr. Steve Wu at FMP and Rita Perez at SF AIIM Higher will participate in a 1-month pilot of the Comprehensive Health Assessment for Teens (CHAT), a self-administered, computer-based version of the Teen ASI. The goal is to gather information from clinicians, youth and families about the CHAT's ease of use, comfort, and utility.

16. Mental Health Services Act Crisis Triage Grant

A four-year, \$16.8 million Mental Health Services Act (MHSA) Crisis Triage grant has been awarded to the Child, Youth and Family System of Care to both enhance child and youth crisis triage services and to establish a peer operated crisis and triage warm line serving children and adults. When in crisis, San Francisco children and youth have been assessed and treated in inappropriate settings, including adult crisis and emergency rooms, or transported to hospitals away from their family and community. In addition, there is a shortage of hospital beds. The MHSA Crisis Triage grant will help improve and enhance the capacity to divert and prevent hospitalization and to create more flexible, culturally reflective and available mobile crisis capacity to reach children, youth and families within the context of their family, community and school.

17. Parent Training Institute

In January, the Parent Training Institute (PTI) received funds from First 5 San Francisco to support three new Triple P training and implementation initiatives in spring 2014:

- a) Triple P Group Stepping Stones which is a parent training program for caregivers with children who have developmental disabilities - groups will be run by staff from Support for Families of Children with Disabilities;
- b) Teen Group Triple P which is for caregivers of teens;
- c) Primary Care Triple P which will be piloted in five primary care clinics with Dr. Jamal Harris, M.D., heading up the initiative and the PTI providing training and implementation support.

18. School-Based Mental Health

The Department of Public Health (DPH) and the San Francisco Unified School District (SFUSD) continue with planning meetings with Educational Related Mental Health Services and SOAR (formerly known as ED Partnership) providers to discuss and strategize service delivery model and expectations. Highlights include planning with providers to address what immediate changes can take place in SOAR classrooms, such as implementation of a milieu model whereby therapists provide consultation to teachers and paraprofessionals and the use of best practices to address student behavioral needs. In February, DPH will join SFUSD on site visits to classrooms.

19. Southeast Child and Family Treatment Center

In January, several teens and their parents/caregivers completed a teen anger management program with Ines Betancourt and Joy Gamble. This was a weekly group for the teens in which they could practice anger management strategies. Twice per month, the teens' parents and caregivers also learned the strategies the teens were learning, including ways to manage their emotions and support

their children. Another teen group will be starting in February using drama therapy techniques to improve coping skills, problem solving, self-esteem, and socialization. In addition to these teen groups, our staff are providing services in more schools. Currently, we are serving SF Community, Hillcrest Elementary, Guadalupe Elementary, Visitacion Valley Middle, and ER Taylor Elementary Schools. We will soon serve children and youth at Bessie Carmichael Elementary, Bret Harte Middle, and Burton High Schools.

20. TBS

In January, there were 49 TBS cases open and seven referrals on the waiting list. Two clients were placed on the waiting list due to Medi-Cal inactivation that may be resolved.

21. Trauma Informed Systems Training Initiative

The Trauma Informed Systems (TIS) Training initiative has been approved by the San Francisco Director of Health. Beginning in February, the TIS team will start with a half-day training for all staff on universal and culturally specific aspects of trauma with the goal of developing foundational understanding of trauma and shared language across all sectors of the workforce. More information will follow about the training schedule.

22. In Our Own Voice (IOOV) Focus Groups Gather Perspectives from Diverse Communities

NAMI CA has conducted 12 focus groups statewide with members of the Native American, African American, Asian and Pacific Islander and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) communities to gather feedback which will inform the cultural adaptation of IOOV. The focus groups allowed NAMI CA to recruit individuals living with mental health conditions from diverse cultural and linguistic communities to share their stories in the IOOV program. Upcoming focus groups (through May 2014) will support the new IOOV adaption that is in progress.

23. Affordable Care Act (ACA) and the Jail

The health disparities that exist in our communities are concentrated in the population that cycles in and out of our jails and prisons. Jails, in particular, represent one of the largest catchment areas for people with substance use and mental health conditions, infectious diseases and other chronic health problems. Compared to the general population, the jail population has disproportionately high rates of chronic medical conditions, substance use disorders, serious mental illness, and co-occurring substance use and mental health disorders. Their health problems have significant impacts on the communities from which they come and to which, in nearly all cases, they will return. In the San Francisco County Jail, Jail Health offers extensive mental health, substance abuse and medical treatment. However, if these services do not continue in the community due to a lack of health insurance, we will not see a significant, long term impact on individual and public health. Two studies done in the San Francisco County Jail have shown that treatment and services provided to inmates has a direct effect on public health. In the first, *Impact of Chlamydia Screening at County Jail on Community Prevalence of Chlamydia in Females: A Comparison of the Jail Screening Program with Chlamydia Positivity at Two Health Centers San Francisco*, 1997 - 2001, it was found that chlamydia screening in the San Francisco County Jail from 1997 to 2001 appears to be

responsible for a significant decrease in chlamydia rates among young women tested at Southeast Health Center. The second, Discharge Planning and Continuity of Health Care: Findings from the San Francisco County Jail, 2008, found that immates who received discharge planning—namely, inmates who were HIV positive—were more likely to have a regular source of care after release from custody than were immates who did not receive this service.

The vast majority of jail detainees have no private or public health insurance. Under the ACA, estimates suggest that up to 90% of men and women in county jails are now eligible for healthcare coverage. Should continuous, integrated healthcare services become widely available for jail populations, a reduction in criminal behavior and repeated incarcerations associated with chronic health conditions is expected. Jail Health anticipates that including healthcare enrollment services in our reentry planning efforts has the potential to significantly increase the likelihood that formerly incarcerated individuals will access and continue treatment in the community, which in turn will positively affect public health and recidivism rates.

Washington State studied the impact of extending chemical dependence treatment to low-income individuals, a group that was frequently involved with the criminal justice, and found:

- Average medical cost savings of \$2,500 annually per person treated.
- Reductions in arrest rates ranging from 17 percent to 33 percent.
- Additional estimated savings of \$5,000 to \$10,000 per person treated for local law enforcement, jails, courts, and state corrections agencies, all from reductions in crime.
- An increase of \$2,000 in average annual income for people who received substance use disorder treatment.

In addition, according to the National Institute on Drug Abuse (NIDA), for every dollar spent on addiction treatment programs, there is an estimated \$4 to \$7 reduction in the cost of drug-related crimes. With outpatient programs, total savings can exceed costs by a ratio of 12:1.

Thus far Jail Health Services has successfully enrolled 22 individuals in healthcare and assisted upwards of 60 individuals with beginning the healthcare enrollment process. We anticipate that those numbers will grow significantly once our enrollment specialist becomes certified and we are able to do enrollment in the intake jail.

24. OBIC and the Jail

It is estimated that 12-15% of the inmate population has a history of heroin addiction, most of whom do not receive drug abuse treatment, either during incarceration or upon release. As a consequence, re-addiction to heroin typically occurs within one month of release from incarceration, increasing the likelihood of death from overdose; HIV infection; hepatitis B and C infections; increased criminal activity; and re-incarceration. Buprenorphine, an opioid agonist has been found to be highly effective in reducing heroin use in the community and retaining patients in treatment and is being increasingly used in place of methadone. Jail Health Services began prescribing Buprenorphine to inmates for opiate maintenance approximately 6 months ago. To ensure continuity of care upon release from custody, it established a linkage to community treatment for these patients through the Department of Public Health's Office-Based Induction Clinic (OBIC). All patients started on

Buprenorphine in jail are provided information about and referred to OBIC for follow up care. Jail Health Services then tracks these patient's court dates so that they can notify OBIC when the individual is released from custody. Thus far, approximately 50% of patients prescribed Buprenorphine in jail have connected with OBIC upon release from custody at least once for continued care.

25. Directing Change High School Video Contest

Students throughout California are invited to Direct Change. A student video contest to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students. The winning teams and their associated schools will win cash prizes, qualify to win mental health or suicide prevention programs for their schools and will be recognized at an award ceremony at the end of the 2013-2014 school year. Submission Deadline: March 1, 2014

At a glance the contest:

- Is open to high school students in California (regardless of what type of school they attend)
- Invites students to develop 60-second films about suicide prevention or ending the silence about mental
 - illness during the 2013/2014 school year
- Awards both the winning team and the associated school a \$500 cash prize (each)
- Enters each school into a drawing for a free suicide prevention program or mental health program
- Recognizes students and schools at an award ceremony in Sacramento at the end of the school year

For contest rules and information visit: www.directingchange.org

This year, NAMI California is partnering with the Directing Change Contest and is taking the lead in the promotion, implementation, and judging for the "Each Mind Matters: Ending the Silence of Mental Illness" category.

The California Department of Education is supportive of the contest and encourages schools and students to participate. These initiatives are funded by the Mental Health Services Act (Prop 63) and administered by the California Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families and communities

For more information email stan@directingchange.org or call (619) 518-2412.

26. Medication Adherence

Medication adherence is an extremely common challenge that all health care teams are facing. An "adherent" patient takes their prescription exactly as prescribed, refills without interruption, and takes each dose as scheduled, the majority of the time. Patients taking their prescription drugs as they see fit or not at all have been identified as a leading cause of disease destabilization.

Unfortunately, this practice is fairly common, as medications taken as directed for chronic conditions are reportedly as low as 50%, with only 1/3 of new prescriptions ever even being picked up and initiated.

At CBHS, stabilization is critical for our clients moving towards wellness and recovery. It is also core to our department's mission to "protect all San Franciscans," as poorly controlled mental illness can increase the risk for homelessness, hospitalization, incarceration and reduce the quality of life. In patients with bipolar disorder, schizophrenia or depression, adherence rates may be even lower than the general public, which can contribute to chronic instability and reoccurring psychiatric emergencies. Non-adherent clients are on average 3.7 times more likely to be hospitalized due to relapse within 6 months to 2 years compared to adherent ones. Clients who prematurely stop their medications are also at high risk for complications; some reports show that half of clients with major depressive disorder stop taking prescribed antidepressants after as little as 3 months. Besides relapse, the decision to abruptly discontinue treatment can cause uncomfortable and frightening withdrawal symptoms. Not only can an ineffective regimen leading to symptom cycling and relapsing be very traumatic, but it is also a significant financial burden to our health care system, where rehospitalizations alone have been estimated to cost nearly 100 billion dollars per year. Besides the imperative to provide the best care for our clients, even more pressure is on the horizon with the Affordable Care Act, which mandates medical facilities be rated and reimbursed based on quantifiable outcomes.

Poor adherence limits a care teams' ability to make accurate assessments and establish effective treatment plans. Within our system we have some tools which can help identify clients who may be at risk for poor adherence. One of these tools is the Adult Needs and Strengths Assessment (ANSA), which is administered at intake and annually. This assessment has a section dedicated to evaluating medication perceptions and reported adherence. Those showing moderate to high risk for adherence issues can be identified and given extra attention to optimize medication insight and drug regimen palatability. Another tool is the pharmacy, which at a minimum can report if a client picks up their medications regularly and depending on their relationship with that client, may be able to offer even more information, especially if cost is a barrier. Being able to recognize factors that contribute to non-adherence can assist in targeting candidates suitable for extra prevention efforts. Honesty between client and provider can help in designing a realistic drug regimen that will be taken as directed

Many factors contribute to non-adherence. Common modifiable factors include lack of insight, complicated drug regimens with multiple daily doses, unwanted side effects, and partial or no efficacy. These can and should be assessed on a regular basis. Being honest with clients about common adverse effects, how they can be managed if they occur, and when to expect improvement in symptoms can be extremely helpful. Many psychiatric medications are not fully effective overnight and take time to build-up to effective concentrations in the body; side effects may even appear before benefits, which can be discouraging to clients if they are unaware. Client insight can be encouraged by asking open ended questions about how their medication is helping them and what fears or concerns they have. Side effects can often be managed by changing dosing schedules, i.e. taking overly sedating medications at bedtime, using the lowest effective doses, taking those hard on the stomach with a small meal, etc. Once an effective dose has been established, immediate release medications can often be consolidated to once daily dosing if an extended release formulation is

available. Clients who cannot avoid multi-dose regimens and have trouble remembering if they have taken their medications can be taught how to use a medi-set or have their medications bubble-packed depending on their pharmacy.

Pharmacists can offer expertise on drug therapy, which can be helpful in developing strategies for maximizing the effectiveness and palatability of a prescription regimen. At CBHS Pharmacy we have a team of psychiatric clinical pharmacists dedicated to assisting prescribers in this process. We offer consultative services for troubleshooting side-effects, complicated regimens, managing drug costs, and providing advice regarding alternate treatments. We can also conduct client interviews to help identify barriers to compliance and work as part of the care team to generate possible solutions. Together as a team we have the best chance of improving the care to those we serve.

27. Working and SSI/SSDI by Victor Gresser

On January 31, 2014, I attended "Working and SSDI/SSI" workshop offered by the Positive Resource Center (PRC), which serves the HIV/AIDS and mental health communities in San Francisco. The workshop is offered to the public, regardless of HIV/AIDS status, on the last Friday of every month and educates attendees about the ins-and-outs of how Social Security benefits are affected by earned income and cash gifts. The presenter, Amy H. Orgain, Esq. from AIDS Legal Referral Panel, gave a thorough and easy-to-understand presentation about the very complex series of events and calculators that the Social Security Administration (SSA) uses to adjust Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) monthly benefits.

SSDI topics included: Trial Work Period; Extended Period of Eligibility; and Substantial Gainful Activity. For SSI, Ms. Orgain used examples and the SSA calculator to illustrate how earned income and cash gifts impact benefit amounts. Also covered were: income-related events that result in termination of benefits and how they can be avoided, options for settling overpayments, what factors enable a beneficiary to restart benefits once they have been discontinued and navigation of the restart process, different ways clients can submit monthly earnings reports, how qualified work-related expenses can be deducted from client earnings, and how to communicate these expenses to SSA.

This workshop was excellent! I highly recommend it to any clients working or considering work in their future, and all clinicians working with them. Since many consumers are reluctant to pursue work because they fear losing or reduced benefits, this information is very helpful, if not essential. In fact, the workshop is so well-presented and informative, CBHS Peer-to-Peer and Vocational Programs is hoping PRC will be able to present it in our Monthly Peer Trainings series, perhaps as early as May of this year.

More information about PRC's trainings can be found at:

Benefits Counseling: http://positiveresource.org/benefits_trainings.asp Employment Services: http://positiveresource.org/emp_overview.asp Workshop Calendar: http://positiveresource.org/workshops.asp

Next workshop: Friday, February 28th, 2014, 10AM-12PM, 785 Market Street (at 4th Street), 10th Floor

28. SAMHSA Issues ICD-10 Fact Sheet

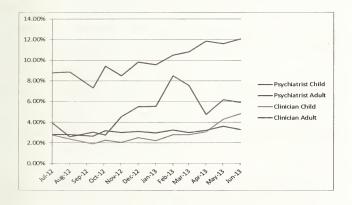
The Substance Abuse and Mental Health Services Administration has issued a fact sheet answering common questions on ICD-10 implementation for behavioral health care providers. Hospitals and other entities covered by the Health Insurance Portability and Accountability Act, which includes providers of mental health and substance abuse services, must transition to the ICD-10 coding system for medical diagnoses and inpatient procedures by October 1st. For additional resources on ICD-10 implementation, visit www.ahacentraloffice.org.

29. Behavioral Health "No-Shows" by Month FY 12-13

One of the Timely Access indicators we are required to track for the Department of Health Care Services (DHCS) is our rate of "no-shows". No-shows are defined as appointments for those clients who do not show for their appointment at their scheduled appointment time, and do not call to cancel or reschedule. While the ultimate goal will be to reduce the number of no-shows so that clinic time is being maximally utilized, we must also work on increasing accurate documentation of all no-shows so that we can determine an accurate baseline for improvement. Target rates for noshows for primary and behavioral health care are typically around 10%. However, our no-show rates documented in Avatar fall far below that. The data below represent the no-shows documented in Avatar for all outpatient mental health services provided in Fiscal Year 2012-2013. The no-show rates are separated for psychiatrists' appointments with children (those under 18 years old) or adults, and clinicians' (all non-psychiatrists) appointments with children or adults. All no-show rates increased over the course of the year, with a notable increase in adult psychiatry no shows from 8.77% per month in July of 2012 to 12.07% in June of 2013. This increase in psychiatry no-shows followed a focused effort on the part of psychiatrists to regularly use the no-show service code in Avatar, therefore we see this increase as a positive step toward improving data quality. Please see the attached memo for more guidelines on the definition of a no show, as well as how to document a no-show in Avatar See Attachment 2

No Shows rates are calculated by dividing the number of no shows by the number of no shows plus attended appointments.

Month/Year	Psychiatrist Child	Psychiatrist Adult	Clinician Child	Clinician Adult	Overall Average by Month
Jul-12	3.94%	8.77%	2.74%	2.77%	4.55%
Aug-12	2.58%	8.87%	2.35%	2.79%	4.15%
Sep-12	3.04%	7.31%	1.91%	2.63%	3.72%
Oct-12	2.76%	9.42%	2.24%	3.17%	4.40%
Nov-12	4.52%	8.51%	2.04%	3.00%	4.52%
Dec-12	5.50%	9.81%	2.49%	3.09%	5.22%
Jan-13	5.53%	9.59%	2.21%	2.96%	5.07%
Feb-13	8.49%	10.50%	2.79%	3.25%	6.26%
Mar-13	7.56%	10.83%	2.80%	2.99%	6.05%
Apr-13	4.76%	11.86%	3.08%	3.22%	5.73%
May-13	6.20%	11.60%	4.28%	3.60%	6.42%
Jun-13	5.94%	12.07%	4.83%	3.29%	6.53%
Annual Average	5.07%	9.93%	2.81%	3.06%	5.22%



30. Save the Date for the Tools for Change Conference

On March 7th-8th, 2014, the Center for Dignity, Recovery, and Empowerment, a project of the Mental Health Association of San Francisco, is hosting its second annual Tools for Change Conference. Tools for Change is the first international conference focused on lived experience and culture change around mental health and mental illness, and will unite international thinkers, researchers, consumers, community leaders, advocates and other change agents in two days of

learning, partnership, and activism to strengthen our communities to support mental health and recovery. This year's conference features a keynote address as well as fundraiser benefit with former Surgeon General Dr. David Satcher. Register for the Conference here. Contact: Khoi Pham at khoi@mentalhealthsf.org.

Tell us your clinic story and we will add it to the upcoming Director's Reports.

Past issues of the CBHS Monthly Director's Report are available at: http://www.sfdph.org/dph/comupg/oservices/mentalHth/CBHS/CBHSdirRpts.asp To receive this Monthly Report via e-mail, please e-mail reanna.albert@sfdph.org

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates: Mental Health Services Act Annual Update

Mr. Robinson announced that MHA-SF and MHSA are collaborating on WRAP support and that a couple of meetings will come up soon. On 2/19/2014, she invited everyone to attend the NAMI meeting at 6:30 PM at 1010 Gough. Also the Advisory meeting is on the same day at 1380 Howard St

SF is piloting a program to better engage with the Asian Pacific Islander (API) population on health parity. There are three worksites, 10 agencies and 50 consumers to figure out how CBHS can better serve Asian Pacific Islanders.

2.2 Public comment

Ms. Yu suggested entrepreneurship advancement in peer vocational services. She also pointed out that the Chinese speaking population is made up of many people speaking different dialects and with different perspectives about mental health issues.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of January 8, 2014 be approved as submitted.

No vote was taken because quorum was not established.

3.3 PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Ms. Terry Byrne for her work with the Mental Health Association with the "Do Send a Card" program to send get well cards to psychiatric inpatients at San Francisco General Hospital and the stigma reducing SOLVE program (Sharing Our Lives, Voices and Experiences).

No vote was taken because quorum was not established.

ITEM 4.0 PRESENTATION: CRAIG MURDOCK, DIRECTOR, BEHAVIORAL HEALTH ACCESS CENTER (BHAC), MENTAL HEALTH ACCESS, TREATMENT ACCESS PROGRAM. AND THE OFFENDER TREATMENT PROGRAM.

4.0 Presentation: Craig Murdock, Director, Behavioral Health Access Center (BHAC), Mental Health Access, Treatment Access Program, and the Offender Treatment Program.

At the end of the minutes is Mr. Murdock's presentation handout.

Dr. David Elliott Lewis introduced Craig Murdock, Director of Behavioral Health Access Center. He and his staff will provide information about Behavioral Health Access Center, Mental Health Access, the Treatment Access Program and the Offender Treatment Program. Mr. Murdock will introduce his staff members, Steve Benoit (MHAP) and Emilio Orozco (TAP).

Mr. Murdock said BHAC started four years ago with the purpose of creating a single portal with a low entry barrier for clients/patients in crisis to enter CBHS to access services. BHAC is in a colocation with three other programs Treatment Access Program (TAP), Mental Health Access Program (MHAP) the Offender Treatment Program (OTP), respectively.

For most clients, it is not very conducive to their recovery when there is a system that is based on "survival of the fittest" mentality. They want less bureaucracy, fewer barriers and hurdles, fewer forms, and shorter wait times for access to services.

At BHAC, there is language capability for seven languages on site. The center is a walk-in and has seen more patients with severe mental illness, substance abuse disorder and primary care issues.

Mr. Murdock introduced Steve Benoit, Director of MHAP

Mr. Benoit of Mental Health Access Program said he has been with the program for 13 years and has managed MHAP for four years. The program was opened in August 2008. He explained that MHAP is a phone-based system that staffed by five clinicians and 10 staff members.

The MHAP program gets about 270 unduplicated calls per month from people seeking mental health care and about 100 calls from providers seeking consultations. The clinicians do 20 minutes of

quality screening, in order to establish a next day appointment. MHAP networks with about 400 private providers. The Healthy San Francisco program has opened up the number of people MHAP is serving.

Mr. Murdock said he talked to the board about four years ago. He took back information and feedback to the BHAC department to implement many suggestions, in order to develop a stronger program.

Mr. Benoit introduced Emilio Orozco, NP.

Mr. Orozco of TAP said he has been with behavioral health for about 13 years and joined BHAC three years ago.

TAP screens and assesses clients with substance abuse disorders. He said not all clients who come to TAP are in acute crisis. Sometimes, clients come to TAP for shelter, and some clients just want to make a phone call.

Sometimes, TAP does a 5150 (72-hour psychiatric hold) if clinicians deem it medically necessary. Sometimes, a concerned family member might bring in a person for detoxification from alcohol or sometimes just to seek information to help their loved ones who might be in a mental health crisis.

Sometimes, TAP authorizes people to go to a substance abuse treatment facility or to Dore Urgent Care Center. The utilization rate at TAP is about 38-80 clients per day. TAP has 13 clinicians and an in-house pharmacy. Ambulatory detoxification is available, but it does not work for everybody.

Mr. Murdock invited board members to visit BHAC which serves about 5,000 clients/patients.

Dr. Patterson asked if BHAC access is a self-referral center.

Mr. Murdock said BHAC is usually agency referrals.

Mr. Orozco said there are other ways too. For example, clients can self-refer through DORE Urgent Care, and Psychiatric Emergency Services.

Mr. Murdock said self-referred clients need to inform BHAC, because the center is responsible for utilization review.

Dr. Patterson asked if there are any restructuring plans in response to the Affordable Care Act ($\Delta C \Delta$).

Mr. Murdock said there is a retooling of behavioral health and substance abuse with primary care under the ACA.

Mr. Wishom said he has been a member of UCSF Citywide for seven years. His case manager and psychiatrist still want him to stay with UCSF Citywide. But higher up personnel wanted him to leave UCSF Citywide program.

- Mr. Murdock suggested clients/patients are welcome to come into BHAC to determine their continuity of care. If a client needs a change, BHAC will work with that client.
- Dr. David Elliott Lewis asked how long clients wait for services.
- Mr. Benoit said the wait time for access to services used to be four to six weeks long. Now, the time for MHAP is within 24 to 48 hours.
- Mr. Murdock said there used to be a high drop-call rate due to a long hold time. Now that issue has been resolved. Service is based on triage, rather than first-come-first serve basis.
- Ms. Robinson added the State's required time for access to service is 10 business days. But San Francisco has responded better. Usually, within 24 hours from intake to pre-treatment to assessment, clients in crisis can start treatment.
- Ms. Bohrer said she is a San Francisco Suicide Prevention volunteer and very impressed with the presentation. She wondered if there is anything board members can do.
- Mr. Murdock would like resources to expansion clinical staff and treatment capacity to serve more people in an optimal manner.
- Ms. James asked how the public hears about BHAC.
- Mr. Murdock said through calling 311 or viva voce.

He said, unfortunately, BHAC is flooded with non-San Franciscans trying to get care for themselves or their loved ones.

- Dr. David Elliott Lewis asked about people in the early recovery process in need of an on-going weekly therapy.
- Mr. Murdock said BHAC will provide therapeutic services with such a client as long as medically deemed necessity and so long as there is a referral.

4.2 Public Comment

- C.W. Lewis asked about board and care people who need to day treatment services but they don't have access to a wellness center. Thus, board and care people in crisis often end up wandering on the streets and in Golden Gate Park.
- Mr. Murdock said when people are in crisis they can drop in to BHAC for assessment during business hours from Monday to Friday.
- Ms. Robinson said the Sunset board and care is opening up a wellness center.

Sgt Kruger said Westside Crisis Clinic opens on Saturdays but not Sundays and wondered how redirecting is working out for people.

Ms. Robinson said all clinics have drop-in hours.

Mr. Benoit said people call MHAP. Then, MHAP can match clients to a culturally appropriate venue.

Ms. Bohrer asked what happens to people in crisis on weekends.

Ms. Robinson said Mobile Crisis, DORE and Westside can be contacted.

Ms. Yu suggested using live-chat technology for people with social media savvy.

Ms. Robinson said San Francisco is looking into texting technology.

Ms. Bohrer said San Francisco Suicide Prevention has live-chat capability for people in crisis.

Ms. Yu wondered about the wait time for access to substance abuse treatment.

Mr. Orozco said some places have no wait time. Currently, there are 125 residential treatment beds in San Francisco.

ITEM 5.0 REPORTS

For discussion

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke made the following announcements

- Upcoming Trainings: February 20th: Trauma Informed Care. March 13th, Girls and the Juvenile Justice System with Wendy Still. All board members are welcome to attend.
- More program reviews for fiscal 2013-2014 are being set up
- Re-appointments: We have received confirmations of re-appointment for Terry Bohrer, Kara Chien and David Lewis. Terry Patterson's application has been submitted.
- Re-appointment members who need to seek re-appointment to the board received their application packet in their envelope, except for Kara Chien who has already submitted hers.

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Dr. David Elliott Lewis announced that the Executive Committee has changed its meeting time to the daytime. The next meeting is Thursday, February 20th, 2014 at 11:00 AM at 1380 Howard Street, Room 424. All board members as well as members of the public are welcome to attend.

5.3. Report from Nominating Committee

Dr. David Elliott Lewis said the Nominating Committee, David Elliott Lewis, PhD, Ellis Joseph, MBA, Alphonse Vinh and Wendy James proposed the current officers for re-election. Additional nominations can be made from the floor and elections will be March 12, 2014.

- Ellis Joseph, MBA: Co-Chair
- · David Elliott Lewis, PhD: Co-Chair
- · Wendy James: Vice Chair
- · Virginia Lewis: Secretary

Mr. Wishom nominated himself for secretary

5.4 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

No issues or people were highlighted

5.5 Report by members of the Board on their activities on behalf of the Board.

Mr. Vinh mentioned that two weekends ago he did senior crisis training for volunteers for the Friendship Line.

Dr. David Elliott Lewis announced a two-day Annual Tools for Change Conference on March 7-8, 2014 at the Hilton Hotel in Union Square.

Ms. Bohrer met recently with Supervisor David Chiu to discuss a new name for Laura's Law.

5.6 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Vinh suggested mental health in the senior population and he would like a presentation from the Institute on Aging in San Francisco.

5.7 Public comment.

No public comments.

ITEM 6.0 PUBLIC COMMENT

No public comments.

ADJOURNMENT

Meeting adjourned at 8:35 PM.





Treatment Access Program
 Mental Health Access Program

·Offender Treatment Program

CBHS Pharmacy

Behavioral Health Access Center (BHAC)

1380 Howard St., First Floor San Francisco, CA 94103 At 10th St.

South of Market/Central City location Proximity to BART & Muni

Why BHAC?

-Integrated collection of services

-Co-location draws on efficiencies and shared expertise

-Consolidated care with access to treatment, treatment -Assists client in navigating access to care engagement,

-Narcotic replacement therapy, medications, primary care services

-Provides organization and infrastructure for a uniform system -Removes "survival of the fittest" element to accessing care. wide wait list.

-Treatment matching to an appropriate level of care.

Treatment Access Program (TAP)

- Coordinated access to indigent substance abuse and co-occurring disorder treatment clients
- Clinical Assessment/Treatment Matching
 - Treatment Engagement
- ·Placement authorization
- Health Screenings
 PPD/TB placement
 - •Medications
- Direct access to social model detox and medically supported detox
 - Utilization Review

Mental Health Access

- ·Crisis intervention to seriously mentally ill by phone or in person.
- Direct access to CBHS clinics within the system of care.
- Assessment and placement authorization into the Private Provider Network (PPN)
- ·24 hours/7 days
- Eligibilty Unit for enrollment into benefits including SF PATH and Medi-Cal.

Offender Treatment Program (OTP)

Assessment and Services Center) operated by OTP detail to the CASC (Community Forensics Case Management for: the Abult Probation Department. AB109 (Realignment) offenders **Chronic Offenders BASN** (Parolees) SACPA/Prop. 36 Serial Inebriates

The Numbers FY12-13

Clients	
Juplicated	
Undup	
Е	
Program	

2,448 Treatment Access Program

Offender Treatment Program

476

Mental Health Access

2,890

TOTAL: 5,814

Terima kasih. 谢谢. Go raibh maith agat. Dziękuję. Obrigado. 감사합니다. Cảm ơn bạn. nitr. Grazie. Շնորհակալություն. Gràcies. Dank u. hvala Thank you. Gracias. Eskerrik asko. Salamat.Merci. Danke. σας ευχαριστώ. الر شما (الشكر از شما) σας ευχαριστώ المنابع (المنابع)



Behavioral Health Access Center Community Behavioral Health Services









Mayor Edwin Lee

1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental health

MEETING OF THE MENTAL HEALTH BOARD AGENDA

Wednesday, March 12, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 6:30 PM – 8:30 PM

Call to Order

Agenda Changes

Roll Call

GOVERNMENT DOCUMENTS DEPT

MAR - 7 2014

Item 1.0 Directors Report

SAN FRANCISCO PUBLIC LIBRARY

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 Mental Health Service Act Updates and Public Hearings For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

- 2.1 Mental Health Services Act Updates
- 2.2 Public Comment

Item 3.0 Action Items

For discussion and action.

- 3.1 Public comment
- 3.2 Proposed Resolution: Be it resolved that the notes for the Mental Health Board meeting of January 8, 2014 be approved as submitted.
- 3.3 Proposed Resolution: Be it resolved that the notes for the Mental Health Board meeting of February 12, 2014 be approved as submitted.
- 3.4 Proposed Resolution: Be it resolved that the Mental Health Board commends Ms. Terry Byrne for her work with the Mental Health Association with the "Do Send a Card" program to send get well cards to psychiatric inpatients at San Francisco General Hospital and the stigma reducing SOLVE program (Sharing Our Lives, Voices and Experiences).
- 3.5 Proposed Resolution: Be it resolved that the Mental Health Board commends Ms. Adrian Williams, for the founding of The Village Project which provides public and co-operative housing residents with positive activities and events for the "Village Kids" and their families.
- 3.6 Election of Officers: The Nominating Committee, David Elliott Lewis, PhD, Ellis Joseph, MBA, Alphonse Vinh and Wendy James proposed the current officers for re-election. Errol Wishom was added to the list at the February Mental Health Board meeting. Additional nominations can be made from the floor.
 - · Ellis Joseph, MBA: Co-Chair
 - · David Elliott Lewis, PhD: Co-Chair
 - · Wendy James: Vice Chair
 - · Virginia Lewis and Errol Wishom: Secretary

Item 4.0 Presentations

- 4.1 Jail Psychiatric Services, Joan Cairns, Executive Director
- 4.2 Review of Assisted Outpatient Treatment and Overview of Laura's Law Programs in Nevada and Yolo Counties, David Elliott Lewis, PhD, Terry Bohrer 4.3 Golden Gate Bridge Suicide Barrier Collaboration with Marin Mental Health Board: David Elliott Lewis, PhD
- 4.4 Public Comment

Item 5.0 Reports

For discussion

- 5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.
- 5.2 Report of the Co-Chairs of the Board and the Executive Committee.

Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.

- 5.3 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.
- 5.4 Report by members of the Board on their activities on behalf of the Board. 5.5 New business - Suggestions for future agenda items to be referred to the
- 5.5 New business Suggestions for future agenda items to be referred to the Executive Committee.
- 5.6 Public comment.

6.0 Public Comment

Adjournment

DISABILITY ACCESS

- 1. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and meeting rooms are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 2. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
- 3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
- 4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689 Telephone: (415)554-7724 Fax: 4(15) 554-5163 E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San

Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

Assisted Outpatient Treatment

BACKGROUND INFORMATION: Considerable controversy exists concerning requiring people with mental illnesses to get treatment by court order, often referred to as "assisted outpatient treatment (AOT)" and in California AOT is referred to as "Laura's Law," State legislation passed in 2002. The California law allows counties to implement court-ordered treatment programs for adults who have serious mental illnesses ("gravely disabled"), recent histories of repeated psychiatric hospitalizations, jail time or acts, threats or attempts of serious violent behavior toward self or others. When these criteria are met, a judge can require the person to interact with a treatment team to provide counseling, treatment, access to housing and other forms of support, e.g., case management. It does not force medication. Additionally, each individual considered for AOT has a public defender. Since 2002, only two California counties, Nevada and Yolo, have fully implemented the law.

Two major divisive issues identified are: (1) How best to balance individual liberty and dignity on one side, and individual and public safety on the other; and (2) Allocating human and fiscal resources to provide necessary behavioral health care and services. Currently, 45 states have AOT laws; however, they are enacted and implemented in varied ways making it exceedingly difficult to uniformly measure outcomes. The following table illustrates many of the pros and con's expressed by advocates on this issue.

ASSISTED OUTPATIENT TREATMENT				
PROS	CON'S			
AOT has safeguards and utilizes due process. Individuals are represented by attorneys and have full opportunity to communicate with their lawyer and the judge. AOT requires the person to comply with recommended treatment and receive services.	Forced treatment is a violation of civil rights. People with mental illnesses often do not have access to adequate treatment. AOT is an intrusion into the lives of people who have not broken any laws. AOT deprives a person their freedom, loss of control, and their ability to make decisions on their own behalf.			
AOT obligates the city/county/region/state to provide care.	In times of scarce infinite resources funds may have to be taken from a worthy mental health program and allocated to AOT, i.e., "robbing Peter to pay Paul."			
Can result in significant cost savings to Medicaid by reducing repeat hospitalizations of persons with serious mental illnesses. In New York City net costs went down 50% in the first year of AOT and an additional 13% in the second	 Without significant resources, human and financial, AOT cannot be successful. Most cities, counties, and states have lost significant funding in the past ten years; thus, accessing a full array of services is 			

year. AOT can reduce overall service costs not possible. for persons with serious mental illnesses depending upon the local service system. AOT is viewed by the general public as a The political, but not scientific, rationale violence prevention strategy (a public for passing AOT laws has been violent safety issue) not a public health behavior. AOT is not going to prevent intervention. For the past ten years, the mass shootings. There is no methodology U.S. Department of Justice has conducted to predict or pre-empt violent behavior. before and after research studies on AOT AOT is a politicized form of coercion. DOI found a drastic Curing major mental illness would only participants. reduction in participants' arrests for all reduce serious violence by 4%. Unfairly targets people with mental illnesses as crimes, and a sharp decline in arrests for violent crimes. AOT can help to identify most of this group does not commit acts people at risk of violence against self or of violence. others and by providing treatment can reduce acts of violence. AOT reduces rehospitalization, More research is needed on AOT to victimization, incarceration, homelessness, empirically (evidence based) demonstrate and violent behavior. Restores the its effectiveness, i.e., demonstrate a causal individual's dignity and well-being. relationship between AOT and its clinical outcomes AOT is a tool to use within a well-The majority of counties/regions/states do functioning mental health not have a well-functioning mental health Recipients of AOT receive an intensive system or the array of services or the level of services. AOT requires a financial resources and the capacity to substantial investment of resources support AOT. Most systems of care are underfunded. People with mental illnesses often do not Involuntary coercive treatment does not recognize the severity of their symptoms work in the long run. AOT can be (anosognosia) and their need for frightening for many. Engagement in treatment. AOT improves the quality of treatment is what works for most people. life as a result of being in the community AOT court Most orders rather than in a hospital and receiving medication; however, medication may not intensive services. In an assessment of be forcibly administered to any AOT Kendra's Law in New York, 81% of patient. Treatment relationships should be individuals surveyed said AOT helped them collaborative partnerships emphasizing get and stay well. hope and recovery. In the Duke study only

27% of consumers' perceptions changed after treatment expressing they were thankful for receiving it. On a measure of "quality of life" there were improvements for those in AOT for more than 12 months, but not for those treated for six months.

· Kendra's Law in New York City after five In California only two counties have years of operation, increased community implemented Laura's Law. No scientific services for those not in its program. This studies have been completed is attributed to fewer people in crisis and demonstrate effectiveness and the AOT population has been exceptionally small in more people maintaining their treatment. these counties. Encourage people who have previously · Drives people away from treatment refused treatment to enter treatment causing them to flee and leave the area. voluntarily and willingly. The AOT program is stigmatizing. Provide a less restrictive alternative to More research on AOT outcomes is inpatient commitment and needed. AOT remains an unproven deterioration and negative outcomes, i.e., approach. A 2013 large randomized study arrest or violence. The goal is to keep the in the UK found this type of program made individual stable, out of crisis, and to absolutely no difference to the "revolving accept voluntary treatment. door" patients and "doesn't work."

ACTION NEEDED:

- Provide funding and resources needed to establish Assertive Community Treatment (ACT) and
 other crisis intervention services to de-escalate crisis situations before they happen and
 promote a sense of choice, autonomy and recovery.
- 2. Develop Peer Crisis and Respite Services, available 24/7.
- 3. Advocate the utilization of Psychiatric Advance Directives.
- 4. Assure access and an array of culturally, age and gender appropriate services.
- 5. Eliminate the stigma surrounding psychiatric disabilities.
- 6. Develop Citizenship Interventions designed to support the person in the community.
- 7. Enhance mental health outreach to homeless individuals with mental illnesses.
- Enhanced coordination between mental health, substance abuse, physical health, corrections, rehabilitation and education systems of care.

SAN FRANCISCO MENTAL HEALTH BOARD



Edwin Lee Mayor 1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mbbsf.org

Unadopted Notes

Mental Health Board Wednesday, March 12, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 San Francisco, CA 6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Ellis Joseph, MBA, Co-Chair; David Elliott Lewis, Ph D, Co-Chair; Virginia S. Lewis, MA, LCSW, Secretary; Terry Bohrer, RN, MSW, CLNC; Kara Chien, JD; Terence Patterson, EdD, ABPP; and Errol Wishom.

BOARD MEMBERS ON LEAVE: Wendy James, Vice Chair and Alphonse Vinh, MS

BOARD MEMBERS ABSENT: Andre Moore, Melody Daniel, MFT, Sgt. Kelly Kruger, Lena Miller, MSW

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Edwin Batongbacal, Director of Adult Services for Community Behavioral Health Services (CBHS); Joan Cairns, Jail Psychiatric Services Executive Director; Carrie Gustafson, Program Director; Paul Hickman, Lead Peer Case Aid – SPRC/GOS; Adrian Williams, Founder of the Village Project; Gene Porfido; Esme Wang; Tessa D'Arcangelew, NAMI-SF Board Member; Stacie Palatianos and thirteen members of the public.

CALL TO ORDER

Mr. Joseph called the meeting of the Mental Health Board to order at 6:40 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

ITEM 1.0 DIRECTOR'S REPORT

GOVERNMENT DOCUMENTS DEPT

APR - 4 2014

SAN FRANCISCO PUBLIC LIBRARY 1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Edwin Batongbacal, Director of Adult Services for Community Behavioral Health Services, gave the director's report on behalf of Jo Robinson who is attending a meeting in Sacramento.

Mr. Batongbacal said federal regulations require the State of California to contract out independent audits with an EQRO (External Quality Review Organizations). An EQRO has performed a countywide audit on San Francisco programs. The audit process includes interviews of both staff and MediCal clients/patients. An early stage of the review shows the initial feedback has been generally good. EQRO auditors like the way CBHS is proactive by constantly improving patient care outcomes and their satisfaction. The final report of the EQRO audit is expected to be done in about two months.

Usually every two years there is a compliance audit as required by the Center for Medicare Medical Service (CMS). In April 2014, the CMS compliance audit will start. The Health Commission said that despite that most Healthy San Francisco members are qualified for a Covered California health insurance policy based on income criteria, no-one has to leave the Healthy San Francisco program until December 31, 2014.

He announced that Albert Yu is the new director of ambulatory care. He is responsible for primary care and behavioral health services, with the exception of overseeing San Francisco General and Laguna Honda hospitals.

San Francisco behavioral health services are becoming more holistic. Nurse Practitioners are available at the Ocean Mission Ingleside clinic (OMI), and the Sunset, South of Market and Mission clinics.

- Ms. Virginia Lewis asked if nurse practitioners (NP's) are practicing behavioral health care.
- Mr. Batongbacal said he does not know if behavioral health care is incorporated in the general nursing curriculum. Since NP's is higher training, San Francisco NP's in CBHS are practicing holistically.
- Dr. David Elliott Lewis asked who in the Department of Public Health is responsible for the down sizing of 147 psychiatric acute beds to 47 psychiatric beds.
- Mr. Batongbacal will find out and get back to the board.
- 1.2 Public Comment

Ms. Yu said she likes her Healthy San Francisco and wondered how Healthy San Francisco patients will get to keep and continue healthcare services under Covered California system.

Mr. Batongbacal said anybody on MediCal can join or opt-into the San Francisco Health Plan program to keep the same services they were entitled to under the Health San Francisco program.

Monthly Director's Report March 2014

1. Do Send A Card

The Mental Health Association of San Francisco (MHASF) has a project called "Do Send A Card." Once a month, peer educators visit patients in the psychiatric inpatient unit of San Francisco General Hospital. They meet for an hour during an occupational therapy group talk about stigma and share their own personal stories living with mental health challenges as well as their mental health recovery. Afterwards, they distribute handwritten cards with messages of hope and recovery. These cards are sent to MHASF from all over the country thanks to Mary Ellen Copeland, Ph.D, author, educator and mental health recovery advocate. People with lived experience, especially people who have been hospitalized, send deeply moving, personal cards. For more information visit the website and send message of hope, or start "Do Send A Card" in your area. Website: www.DoSendACard.org

2. March is Problem Gambling Awareness Month

This is the first year that problem gambling will be recognized throughout the United States for the entire month of March, designated as National Gambling Awareness Month. The primary goal of the outreach effort is to educate the public about the warning signs of problem and pathological gambling behavior.

Problem gambling is defined as a pattern of gambling behavior that disrupts or compromises family or personal pursuits. Pathological gambling is defined as a loss of control over gambling and preoccupation with gambling. The overall lifetime prevalence of problem and pathological gambling in California is 3.7 percent which equals just over 1 million individuals (2006 California Problem Gambling Prevalence Study, NORC).

To order brochures for "Responsible Gambling Guidelines" or posters at no cost available in 6 languages, visit the Problem Gambling website at: http://problemgambling.securespsites.com/ccpgwebsite/help-available/publications.aspx

If you have questions or need additional information, contact the Office of Problem Gambling at (916) 327-8611.

3. Children Youth and Families (CYF) System of Care

CYF focused on three main initiatives in February.

· Clinical, Flow, Access and Equity:

CYF leadership has been working with civil service staff and CBO's to improve our capacity to provide access to all and to especially focus on populations that have historically been poorly served or underserved.

Strengthening and Enhancing Systems Collaboration: CYF has successfully applied for and
received three grants. Two focus on the Juvenile Justice System with respect to developing
Substance Abuse Treatment Models and the other one focusing on developing an intensive
family therapy model for helping youth in out of state placement return and succeed in their
family homes. CYF also received a MHSA state grant to expand and implement more child
friendly, flexible and culturally reflective services to children and youth in crisis and/or in
response to violence and trauma.

CYF leadership began a series of three planning meetings with SFUSD Special Education and Pupil Services exploring ways to collaborate better and build more seamless systems that benefit families and children

Replenish and restructure leadership as well as county clinics to better serve the needs of the
children, youth and families we serve. In February, CYF clinics began hiring long standing
open clinician and health worker positions. These positions are critical to increasing our
service capacity. In terms of leadership, Roban San Miguel assumed the position of Director
of Mission Family Clinic and Emily Gerber was promoted to Assistant Director of Children
Youth and Families. CYF will benefit tremendously from their effective and passionate
leadership.

4. Children's System of Care

RSSE (Reducing Stigma in the Southeast) and CSOC both celebrated Black History Month. The celebrations included Afrocentric cuisine and African-American fact and history sharing, as well as words of inspiration by community leaders. CSOC was honored with the Community Partner Award at the 19th Annual Afrocentric Parenting Conference by San Francisco Black Infant Health Program for our collaboration to bring Afrocentric parenting classes to mothers in the Southeast Sector of the City.

With so many of the families CSOC works with impacted by the gun violence that claims the lives of San Francisco youth, the CSOC Youth Development Team has developed a five-day "healing from community violence" workshop for transitional age youth who have lost friends and family to gun violence. In this workshop, youth will learn to identify their personal symptoms from trauma, how to seek treatment, and receive coping/healing tools that will help them begin the process of healing and maintaining a healthy mental well-being. The workshop will be offered in April 2014. For more information or youth workshop applications, please contact Inez Love, Youth Specialist, at (415) 920-7700.

5. Chinatown Child Development Center

For the 8th year, staff at the Chinatown Child Development Center will be participating in the Annual Shape Up SF Walking Challenge. Our team is the "CCDC Pandas," and each year, we participate to

maintain good health and reduce stress through physical activity and exercise. CCDC would like others in the S.F. Department of Public Health to join their team this year. The 2014 Shape Up SF Walking Challenge takes place for a total of 10 weeks from March 31, 2014 to June 6, 2014. Registration begins March 10th at http://www.shapeupsfwalkingchallenge.org

6. Early Childhood Mental Health Consultation Initiative

CBHS and the five program directors from the contracted mental health consultation providers had a full-day retreat on February 12, 2014. The day fostered rich conversations about conceptualizing particular aspects of service delivery and its documentation. Participants unanimously agreed that it was time well spent and would like to have a series of follow-up retreats.

7. Family Mosaic Project

In February, Family Mosaic celebrated Chinese New Year and Black History Month through events organized by staff. The celebrations were filled with food, music, and activities.

8. Foster Care Mental Health

Foster Care Mental Health celebrated African American History month. The staff came together to create a warm, welcoming reception area that featured the many achievements of African American leaders, inventors, educators and activists. A DVD was viewed, followed by a discussion and celebratory potluck lunch.

In addition, we are excited to announce that Dr. George Fouras, a member of the Royal College of Psychiatry, and San Francisco Chief of Probation, Allen Nance, will be presenting at the 4th annual European Association for Forensic Child and Adolescent Psychiatry, Psychology and Other Involved Professions Congress in Manchester, United Kingdom, from May 7-9, 2014. Their presentation topic is "Integration of Mental and Physical Health Delivery in a Juvenile Hall Setting." Special Programs for Youth, a clinical program that integrates physical, dental, and mental health services within one clinic, will be presented as a multi-agency collaborative model that results in higher quality and better outcomes.

9. IASC (Interagency Service Collaborative)

Initial planning stages for the MHSA crisis triage grant has begun. In March, staff will meet with and tour similar programs and models around the Bay Area. Additionally, planning will begin with Edgewood to develop a hospital diversion program. The hope is to partner with the S.F. Human Services Agency to develop a more comprehensive program for stabilization of San Francisco dependents that would include relocation of HSA's Child Protection Center at Edgewood.

10. Mission Family Center

Robán San Miguel, LCSW, started as the new Program Director at Mission Family Center, and Juan M. Rodriguez was hired as the new psychologist. A special thanks to Demetra Paras, Ph.D., for her service as Interim Director. Major accomplishments in the month of February included hiring two new staff. completing a compliance review, participating in the Mission Promise Neighborhood meeting and making a presentation to the Mission Family Resource Center Collaborative. Additionally, improving access to behavioral health services remains a top priority at the clinic, and in February, there was a reduction in client waitlist.

11. Parent Training Institute

Since January 2014, ten new Triple P Parenting classes have started, provided by seven agencies. These classes are being delivered in three languages at family resource centers, elementary schools, a church, and a community center. A total of 93 unduplicated caregivers of 161 children have been served through Triple P.

12. Therapeutic Behavioral Services (TBS)

Fifty clients are receiving TBS within the Child, Youth and Family System of Care.

13. Edgewood's Early Childhood Mental Health Consultation Program

One four-year-old boy would get very uncommunicative and aggressive after waking up from the afternoon nap at his preschool. The teachers and I had tried giving him choices, redirecting him, using visual aids, reading scripted stories about managing anger but we couldn't get him to talk and couldn't reduce the aggression. He was suspended from the center and there started to be discussions about whether he would stay at the school.

A care team meeting was called and I asked the parents and teachers if they had found anything that helped him calm down. The teachers said the only thing that worked was when they called his mother on the phone, but this was difficult for the mother to do because she worked. What could we create that would elaborate on this "shining moment" in a different way? I asked if the mother would be willing to record a positive message for her son on a tape recorder they had at the center so he could hear her voice. She agreed and the next week I asked the head teacher about his progress. She said he was fine! After naptime he would sit in his cubby and play the recording over and over. He had had almost no aggressive incidents during the week since this was introduced to him! He actually started to choose the recording instead of the actual phone call, I assume because he could rely on a positive message. After a couple months, he stopped asking for the recording and was able to handle naptime without using aggressive behavior. He was no longer considered a high concern and

he graduated successfully.

This intervention made me think about how early childhood centers are a child's first time being separated from their family for six or more hours a day. Are there other ways of increasing a family's presence inside the classroom to reduce challenging behavior? Building on the success of this intervention, one teacher created a "family notebook" that parents are now using to write

messages in the morning for the teacher to read to their son throughout the day. The teacher also transcribes messages the child wants written down to his parents. The notebook has become a great support for creative communication between the parents, child, and teacher. It now includes loving messages, drawings of difficult incidents, parents' hopes and dreams, and ninjas. We have seen a significant reduction in challenging behavior when we've brainstormed with families about creative communication projects to stay connected with each other.

14. Fu Yau Project

A four-year-old boy has been at his current child care placement since Fall 2013. Both of the child's parents recently passed away, and he has been in the care of his grandparents and other relatives since the parents' deaths. After the child attended the parents' funeral, he started acting out and being aggressive with others in the classroom.

The Fu Yau Project Mental Health Consultant assigned to the child's preschool engaged him through drawing. The drawing sessions took place usually once or twice a week. At the beginning of his work with the Consultant, the drawings were very dark and seemed to convey the sadness the child was experiencing about his losses.

At this school, the Consultant worked with the teachers to change how they engaged with the children by coaching them on softening their voices and also offering affection and warmth to the boy. They also began using a type of positive reinforcement to shape successive approximations of the behavior they wanted to see (e.g. he would get fun stickers for "trying" to behave well). The Consultant also praised the teachers for their efforts and patience in working with children.

Over time, the colors and intensity of the boy's drawings became lighter. The Consultant recently showed our team his most recent drawing. In the picture, the boy is standing on a light-green, grassy hill. According to the Consultant, the picture depicts a cemetery. He is in the picture, and he told the Consultant that she is there with him. While the child is still grieving, he has internalized the Consultant as a part of his process. The child's behaviors and mood have improved dramatically with the interventions the Consultant implemented at his child care site. Upon reflection, the Consultant noted that the interventions were effective because it was built upon existing strengths the child was very articulate and intelligent so he could grasp concepts easily and the teachers' willingness to modify their behaviors to meet the child's needs. This Consultant was very proud to present this case to our team as an example of successful mental health consultation work.

15. Help Spread the Word About the MY3 Suicide Prevention Mobile App

The Know the Signs Campaign's MY3 Mobile App has had over 500 downloads since its launch in November 2013! What are some ways you can help spread the word about MY3? Share MY3 Materials, such as a listing of all of California's 24/7 crisis hotlines and an easy-to-customize version that can highlight your local crisis hotline with your community and local health and mental health care providers; contact your local health care providers about MY3 and encourage them to share it with their clients who may be at risk for suicide; include MY3 as one of your suicide prevention resources when you conduct presentations throughout your community; share MY3 with your local

grief and support networks; and share MY3 with your local school staff. Contact: Theresa Ly at tly@edc.org or (916) 494-9616.

16. Disability Rights California (DRC) Releases New Mental Health Resources

DRC has released three new publications to help consumers understand that health insurance must provide equal coverage for physical and mental health conditions. Contact: Margaret Jakobson-Johnson at margaret.jakobson@disabilityrightsca.org.

17. CARE Advisory Council

Mayor Lee has tasked SFDPH with convening a community process to determine how to engage and maintain in appropriate behavioral health treatment dually diagnosed individuals that current programs have failed to successfully treat or adequately engage. This process, driven by the CARE (Contact • Assess • Recover • Ensure Success) Advisory Council, will take place between March 2014 and May 2014 with the goal of yielding a final report that outlines a range of policy and programmatic recommendations for Mayor Lee's consideration. A broad range of community stakeholders will comprise the CARE Advisory Council, which will be co-chaired by Jo Robinson, SFDPH Director of Community Behavioral Health Services, and Lani Kent, Office of Mayor Lee. The CARE Advisory Council's first meeting will take place on Thursday, March 20, 2014 from 1:30PM – 3:30PM at San Francisco City Hall, Room 305. All four meetings of the CARE Advisory Council will be open to the public, and public comment will be encouraged.

18. The Focus is Work, by Victor Gresser

1. What percent of people who live with mental illness are unemployed?

A. 12-33 percent B. 25-47 percent C. 75 percent D. 60-80 percent

2. Since the CBHS/Department of Rehab CO-OP formed in 2009, how many clients have been helped to meet their employment goals?

A. nearly 60

C. more than 1,250

B. over 600

D. 285

Answers: question 1 - D; question 2 - B

19. Success Stories - Affordable Care Act and CBHS Clients

Under the Affordable Care Act (ACA), many CBHS clients are now eligible for healthcare coverage. This includes folks who previously did not qualify for healthcare coverage, such as clients who applied for Medi-Cal and were previously denied.

Having health insurance is better than being uninsured. Health insurance provides access to medical care when needed, and includes coverage for preventive and routine care, hospital care and prescription medications.

Here are a few success stories of CBHS pharmacy clients:

Case One.

Our client was reluctant to go for screening for insurance, saying, "I don't think I will qualify." With encouragement, the client went to HSA for screening, and during his next visit to pharmacy he reported he now had Medi-Cal. "I'm really surprised and glad I went. I really didn't think I would qualify."

Case Two.

Having Medicare (only) coverage, this client was very concerned about high deductibles and high copays for prescriptions with her Medicare D drug plan. She told her clinicians that she was so anxious about costs that she was considering stopping her medications. With help, the client was screened and found to be eligible for Medi-Cal. She is now Medi-Medi with no medication deductibles or copays. She also qualified for food stamps.

Case Three.

After much encouragement, our Healthy San Francisco client went to the HSA Offices for eligibility screening. Our client returned to the pharmacy thanking the staff for our support, "I can't believe it! I now have Medi-Cal, dental care, and \$200 per month in food stamps!"

We've found that it can be challenging for clients to gather the documents and to make the trip to get eligibility screening. Some clients believe they will not qualify for benefits, perhaps because they have been denied in the past before the expanded coverage of the Affordable Care Act or lack of understanding about expanded care. Clients often need lots of encouragement and support so that they can access their new healthcare benefits.

Expanded Health Coverage Screening and Medi-Cal Enrollment

The goal of an expanded health coverage screening is to:

1) Provide screening and enrollment in San Francisco County Medi-Cal

2) Provide help to those who are low income but not eligible to Medi-Cal to purchase affordable private health insurance offered by Covered California.

WHERE: Human Services Agency Office

No appointment required

Location: 1440 Harrison Street

Hours of operation: Monday - Friday from 8:00 a.m. to 5:00 p.m.

Phone number: (855) 355-5757

Documents to Bring to Screening

To facilitate the appointment, bring ONE document from EACH section if available:



20. Time to First Offered Appointment FY 2012-13

One of the Timely Access indicators we are required to track by the Department of Health Care Services (DHCS) is the time between "initial contact" and the first offered appointment. All initial contacts by consumers, whether via phone or in person, should be documented in the Timely Access Log in Avatar. This is a requirement for both mental health and substance abuse providers. The state requirement is that appointments for non-urgent conditions be made available within 10 days.

The data in the table below indicate that we were in compliance in approximately 89% of the records entered into the Timely Access Log during FY12-13. While we are doing well, there is room for improvement to ensure that all clients are offered appointments in a timely manner, and that all initial contacts are recorded in the log.

In the near future, a field will be added to the Timely Access Log to enter the consumer's date of birth. This will allow us to link the records in the log to our service data, so that we will be able to report on the time from initial contact to the actual receipt of services.

FY 2012-13	All Providers	Adults	Children
Average length of time from first request for service to first offered appointment	4.72 days	4.25 days	6.70 days
State (DMHC) standard or goal	10 days	10 days	10 days
Percent of offered appointments that meet this standard	89.3%	91.5%	79.7%

The Timely Access Log module is available to all Avatar users. Please call or e-mail the Avatar Help Desk for support (e-mail at avatarhelp@sfdph.org, or call 415-255-3788).

Tell us your clinic story and we will add it to the upcoming Director's Reports.

Past issues of the CBHS Monthly Director's Report are available at: http://www.sfdph.org/dph/comupg/oservices/mentalHith/CBHS/CBHSdirRpts.asp To receive this Monthly Report via e-mail, please e-mail reanna.albert@sfdph.org

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates: Mental Health Services Act Annual Update

There were no MHSA updates.

2.2 Public comment

No public comments.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of January 8, 2014 be approved as submitted.

No vote was taken because quorum was not established.

3.2 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of February 12, 2014 be approved as submitted.

No vote was taken because quorum was not established.

- 3.4 PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Ms. Terry Byrne for her work with the Mental Health Association with the "Do Send a Card" program to send get well cards to psychiatric inpatients at San Francisco General Hospital and the stigma reducing SOLVE program (Sharing Our Lives, Voices and Experiences).
- Ms. Byrne was recognized at the February meeting but no vote was taken because there was not
- 3.5 PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Ms. Adrian Williams, for the founding of the Village Project which provides public and co-operative housing residents with positive activities and events for the "Village Kids" and their families.
- Ms. Williams resides in the Western Addition and about eight years ago she decided to give back to the community by developing an afterschool program for children and youth. She has worked with children in the community who are undersocialized and underserved who are living in public housing in the Western Addition. Often these children are exposed to violence at a very early age. She does five community events a year and has about 50 children in her program attending daily activities after school and getting help with their homework. Ms. Williams manages this program with very little financial support and many helpful volunteers.
- Dr. Patterson said he attended her annual Kwanza celebration and felt her work with the community was extraordinary, so he wanted to honor her with a Mental Health Board resolution commending her work.
- Ms. Williams was recognized at the March meeting but no vote was taken because there was not auorum.
- 3.6 PROPOSED RESOLUTION: Be The Nominating Committee, David Elliott Lewis, PhD, Ellis Joseph, MBA, Alphonse Vinh and Wendy James proposed the current officers for reelection. Errol Wishom was added to the list at the February Mental Health Board meeting. Additional nominations can be made from the floor.
 - Ellis Joseph, MBA: Co-Chair
 - David Elliott Lewis, PhD: Co-Chair
 - Wendy James: Vice Chair
 - · Virginia Lewis and Errol Wishom: Secretary

No votes were taken because quorum was not established.

ITEM 4.0 PRESENTATIONS

Mr. Joseph introduced Ms. Joan Cairns, Executive Director of Jail Psychiatric Services, He said that board members may all be interested in knowing that Jo Robinson was the executive director before being appointed CBHS director.

4.1 Presentation: Joan Cairns, Executive Director of Jail Psychiatric Services.

At the end of the minutes is Ms. Cairns' presentation handout.

Ms. Cairns provided an overview of Jail Psychiatric Services (JPS). About 1.1 million people are in the county jail system.

She explained that Psychiatric Administrative Segregation is for extremely violent patients who need stabilization into a transitional housing environment.

JPS is providing Crisis Intervention Training (CIT) for the Sheriff's department to help them best deal with the needs of people with mental illness. Crisis de-escalation is one of the tools.

Dr. Patterson asked for clarification between mental health workers and psychologists.

Ms. Cairns said mental health workers are people with a BS in social work, while psychological clinicians have a master's degree.

Ms. Virginia Lewis asked for the staffing to patient ratio.

Ms. Cairns said there are 22 people on staff but would like more community resources.

Ms. Virginia Lewis asked about the time of release from jail which can be very late at night when very few resources are available.

Ms. Cairns said the time of release or bail out may be problematic for women's safety if they are being released late at night..

Dr. David Elliott Lewis asked for the wish list for her program.

Ms. Cairns replied that supportive housing and stable employment opportunities would be great.

Dr. David Elliott Lewis asked what she would like from the Sheriff's department.

Ms. Cairns replied that training deputes working with people with mental illness and having all 800 sheriffs get CIT training.

Public member said he is with Tom Waddell clinic. Although the clinic has its own security, many times a situation escalates into violence between people with acute mental illness. Calls to the sheriff department can result in delays.

Ms. Cairns said it is a custody issue.

4.2 Review of Assisted Outpatient Treatment and Overview of Laura's Law Programs in Nevada and Yolo Counties, David Elliott Lewis, PhD, Terry Bohrer Dr. David Elliott Lewis interviewed people in Yolo and Nevada counties on Laura's Law and met with Michael Haggerty, who is Director of Behavioral Health for Nevada County and who implemented Laura's Law in Nevada County. Assisted outpatient treatment works for some people.

He also said Mayor Ed Lee is convening a community process to determine how to engage and maintain appropriate behavioral health treatment of the severely mentally ill and often dually diagnosed individuals that current programs have failed to successfully treat or adequately engage

Ms. Bohrer said the name of the task force is Contact Assess Recover Ensure Success (CARE) Task Force. The CARE Task Force will host four bi-weekly community meetings between March 2014 and May 2014. She suggested that since Dr. David Elliott Lewis is sitting on the CARE task force she would like the board to take a position on implementation of Laura's Law for San Francisco.

She is the newly appointed Chair of the Assisted Outpatient Treatment (AOT) Committee to review options for San Francisco. Her committee will provide input for the Mayor's CARE task force. She volunteered to chair the committee to come up with a resolution on AOT and invited board members to be on the committee.

Ms. Virginia Lewis clarified that a resolution on Laura's Law is very different than an exploration of a full range of AOT care to advise the Board of Supervisors for San Francisco.

Public Comment

Ms. D'Arcangelew from NAMI-SF commented that she works for the American Civil Liberty Union (ACLU), and urged the board to consider adopting the implementation of Laura's Law as a viable option for San Francisco.

She said NAMI meets next Tuesday at Saint Francis Hospital in the basement.

A member of the public showed New York's Kendra's Law report of 120 pages.

4.3 Golden Gate Bridge Suicide Barrier Collaboration with Marin Mental Health Board: David Elliott Lewis, PhD

Dr. David Elliott Lewis said for 40 years there were talks about barriers to prevent suicide jumpers. The total cost is \$66 million with a \$12 million short-fall for putting in an esthetic net on the east side of the bridge. Since 1937, there have been only 17 people who survived jumping off the Golden Gate Bridge.

Ms. Chien would like a board resolution supporting the barrier.

Public Comment

No public comments.

4.4 Public Comment

No public comments.

ITEM 5.0 REPORTS

For discussion

- 5.1 Report from the Executive Director of the Mental Health Board.
- Ms. Brooke said Jo Robinson has been asked to participate in an ongoing committee in Sacramento that meets the second Wednesday of the month so she will no longer be able to attend our meetings unless we consider changing the meeting to a different Wednesday of the month. She asked if board members are willing to consider a change so that Jo Robinson can continue to attend the meetings and if so do any of the members have a conflict with the 1st, 3rd or 4th Wednesdays?
- Ms. Chien urged the board to accommodate Jo Robinson's new schedule on moving the meeting.
- Ms. Brooke mentioned two additional items in her report
 - San Francisco Mental Health Education Funds received the highest scoring of Four on the program review by Tom Mesa.
 - She urged the board to get involved in the annual report process, and the report is due on June 30, 2014.
- 5.2 Report from the Chair of the Mental Health Board and the Executive Committee.
- Mr. Joseph announced that the Executive Committee has changed its meeting time to the daytime. The next meeting is Thursday, March 20th, 2014 at 11:00 AM at 1380 Howard Street, Room 424. All board members as well as members of the public are welcome to attend.
- 5.3 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

No issues or people were highlighted.

Dr. David Elliott Lewis would like the board to investigate the down sizing of acute psychiatric beds in San Francisco.

5.4 Report by members of the Board on their activities on behalf of the Board.

No activities reported.

5.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

No suggestions were submitted.

5.6 Public comment.

No public comments.

ITEM 6.0 PUBLIC COMMENT

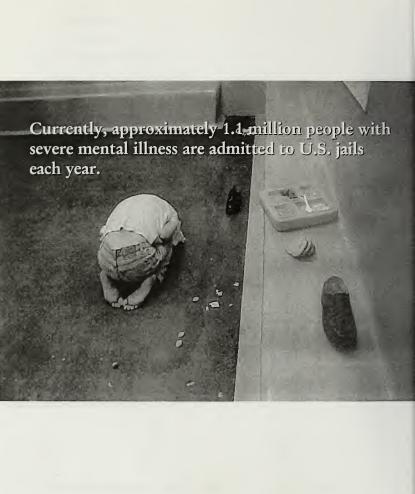
Ms. Palatianos offered her services to CCSF No public comments.

ADJOURNMENT

Meeting adjourned at 8:30 PM.

Jail Behavioral Health Services/Jail Reentry Services

Joan Cairns, Director Carrie Gustafson, Program Director



Title 15- Article 11 Medical and Mental Health Services

- Minimum jail standards
- Inmates will have access to:

 - mental health assessment and treatment crisis intervention (including transfer to another facility, such as SFGH Ward 7L, to meet these needs
 - stabilization and treatment of mental illness.

 - Individual treatment plans for inmates with a mental illness that may be shared with custody staff to coordinate care
- Suicide prevention program

Jails Today

- In 2012, jails admitted more than 11, 6 million people
- Nearly 750,000 people are in jail in the United States on any given day (Regenstein & Rosenbaum, 2013)
- Rates of mental illness in jails have increased upwards of 50% over the last five years (Hirschkorn & Mitchell, 2011; Wiener, 2012)
- With the closure of psychiatric hospitals and inpatient units, individuals with acute psychiatric needs are being seen in custody rather than receiving appropriate psychiatric interventions in a hospital setting.

Jails Today

- Forensic settings now provide significantly more mental health services to individuals than community based treatment.
- While overall jail census is low, special populations increasingly account for a large portion of the jail population.
- Most individuals (roughly 80%) are arrested for nonviolent offenses such as drug and property offenses (Baillargeon, Binswanger, Penn, Williams & Murray, 2009)
- Individuals with mental illness have higher rates of recidivism (Baillargeon et al., 2009; Steadman, Redlich, Callahan, Robbins & Vesselinov, 2010)
- County jails see higher rates of mental illness than prisons (Hatcher, 2012)

Mental Illness in the San Francisco County Jail

- Mentally ill population, as a percentage of the population, has increased
- Increase of older inmates with mental health and medical needs
- Increase of first arrests with serious charges
- Patients are sicker and more complicated
- SFGH 7L, where patients on a 5150 are sent, is always at capacity, with a long que of patients waiting to be admitted.

Behavioral Health Services (BHS)

- BHS has 22 clinicians, 1.75 psychiatrists, and 4 mental health counselors to address the mental health needs of inmates in the jail (approximately 1400)
- Approximately 33% of inmates in the San Francisco County Jail display symptoms and/or behaviors that require intervention and are followed by BHS. Within this population, 11-15% of those individuals have a severe and persistent mental illness
- Monthly, clinicians conduct over 600 mental status evaluations, approximately 400 5150's, 3,400 treatment sessions, 600 collateral contacts, 280 discharge planning contacts, and 830 case management contacts.
- In 2013, BHS saw 5,326 individuals

Referral Sources

- Medical Triage
- Community Treatment Providers
- Jail Health Services
- Sheriff's Department
- Attorneys, Probation Officers, Community Providers, Family/friends
- Self-referral
- Safety cell placement
 - Danger to Self
 - Danger to Others
 - Grave Disability

BHS Treatment Services

BHS provides the following services:

- Evaluation within 24 48 hours
- Crisis intervention
- Individual and group therapy
 - Evidence Based Practices (EBP)
- Medication management
- Assessment and referrals to community treatment
 - Substance abuse assessment
- Training for SFSD and Jail Medical Services

BHS Treatment Services

- BHS provides intensive psychiatric treatment in a milieu setting to inmates who would be vulnerable if housed in general population
 - Observation Housing
 - Women's Psychiatric Sheltered Living Unit (CJ2)
 - Men's Psychiatric Housing (CJ4)
 - Men's Psychiatric Sheltered Living Unit (CJ5)
 - Men's Psychiatric Administrative Segregation (CJ5)
- Coordination with SFSD to move stable individuals from administrative segregation to milieu setting

Jail Reentry Services (JRS)

- Specialized treatment component of BHS
- Primary roles are to:
 - Ensure the continuity of care between the jail and the community (e.g., working with current providers)
 - Collaborate with the courts to develop mental health dispositions for clients with mental illness
 - Provides reports to the court via 4011.6 orders about clients' mental health
- Liaison between County Jail System, Superior Court, Community System of Care (e.g., VA, FAP, CBHS, DPH), and Families
- Healthcare enrollment (ACA)
- Residential treatment and hospital beds in the community

CIT Training

- Similar to officers in the community, custody staff are the first responders to crises in a jail
- Need to be "armed" with specialized training to address these situations
- Develops a collaboration between custody staff and mental health professionals
- Choosing instructors that represent all perspectives (i.e., psychiatric, medical, custody)
- Modeling collaboration and mutual respect

CIT Training Curriculum

- Introduction to mental illness
- Suicide prevention
- Substance abuse disorders
- Special populations
- Active listening
- Communication strategies
- Job burnout
- Community resources

QUESTIONS?







Mayor Edwin Lee

1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental health

MEETING OF THE MENTAL HEALTH BOARD AGENDA

Wednesday, April 9, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 6:30 PM – 8:30 PM

Call to Order

04-04-14A08:20 RCVD

Roll Call

GOVERNMENT DOCUMENTS DEPT

Agenda Changes

APR - 4 2014

Item 1.0 Directors Report

SAN FRANCISCO PUBLIC LIBRARY

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.
1.2 Public Comment

Item 2.0 Mental Health Service Act Updates and Public Hearings

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

- 2.1 Mental Health Services Act Updates
- 2.2 Public Comment

Item 3.0 Action Items

For discussion and action.

- 3.1 Public comment
- 3.2 Proposed Resolution: Be it resolved that the notes for the Mental Health Board meeting of January 8, 2014 be approved as submitted.
- 3.3 Proposed Resolution: Be it resolved that the notes for the Mental Health Board meeting of February 12, 2014 be approved as submitted.
- 3.4 Proposed Resolution: Be it resolved that the notes for the Mental Health Board meeting of March 12, 2014 be approved as submitted.
- 3.5 Proposed Resolution: Be it resolved that the Mental Health Board commends Ms. Terry Byrne for her work with the Mental Health Association with the "Do Send a Card" program to send get well cards to psychiatric inpatients at San Francisco General Hospital and the stigma reducing SOLVE program (Sharing Our Lives, Voices and Experiences).
- 3.6 Proposed Resolution: Be it resolved that the Mental Health Board commends Ms. Adrian Williams, for the founding of The Village Project which provides public and co-operative housing residents with positive activities and events for the "Village Kids" and their families.
- 3.7 Election of Officers: The Nominating Committee, David Elliott Lewis, PhD, Ellis Joseph, MBA, Alphonse Vinh and Wendy James proposed the current officers for re-election. Errol Wishom was added to the list at the February Mental Health Board meeting. Additional nominations can be made from the floor.
 - · Ellis Joseph, MBA: Co-Chair
 - · David Elliott Lewis, PhD: Co-Chair
 - · Wendy James: Vice Chair
 - Virginia Lewis and Errol Wishom: Secretary

Item 4.0 Presentations

- 4.1 Mental Health Issues and Services in the Juvenile Justice System: Dr. Hagop Hajian, SF Juvenile Justice Center, Psychiatrist
- 4.4 Public Comment

Item 5.0 Reports

For discussion

- 5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.
- 5.2 Report of the Co-Chairs of the Board and the Executive Committee.

Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.

5.3 Committee Reports: Assisted Outreach Treatment, Chair: Terry Bohrer

- 5.4 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.
- 5.5 Report by members of the Board on their activities on behalf of the Board. Terry Bohrer, Chinatown/North Beach Clinic program review David Lewis and Terry Bohrer, NAMI meeting
- 5.6 New business Suggestions for future agenda items to be referred to the Executive Committee.
- 5.7 Public comment.

6.0 Public Comment

Adjournment

DISABILITY ACCESS

- 1. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and meeting rooms are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 2. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
- 3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

- For Special Hearings at other locations, please call for directions or bus information.
 All locations will be accessible.
- 5. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689 Telephone: (415)554-7724 Fax: 4(15) 554-5163 E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

Assisted Outpatient Treatment

BACKGROUND INFORMATION: Considerable controversy exists concerning requiring people with mental illnesses to get treatment by court order, often referred to as "assisted outpatient treatment (AOT)" and in California AOT is referred to as "Laura's Law," State legislation passed in 2002. The California law allows counties to implement court-ordered treatment programs for adults who have serious mental illnesses ("gravely disabled"), recent histories of repeated psychiatric hospitalizations, jail time or acts, threats or attempts of serious violent behavior toward self or others. When these criteria are met, a judge can require the person to interact with a treatment team to provide counseling, treatment, access to housing and other forms of support, e.g., case management. It does not force medication. Additionally, each individual considered for AOT has a public defender. Since 2002, only two California counties, Nevada and Yolo, have fully implemented the law.

Two major divisive issues identified are: (1) How best to balance individual liberty and dignity on one side, and individual and public safety on the other; and (2) Allocating human and fiscal resources to provide necessary behavioral health care and services. Currently, 45 states have AOT laws; however, they are enacted and implemented in varied ways making it exceedingly difficult to uniformly measure outcomes. The following table illustrates many of the pros and con's expressed by advocates on this issue.

ASSISTED OUTPATIENT TREATMENT	
PROS	CON'S
 AOT has safeguards and utilizes due process. Individuals are represented by attorneys and have full opportunity to communicate with their lawyer and the judge. AOT requires the person to comply with recommended treatment and receive services. 	Forced treatment is a violation of civil rights. People with mental illnesses often do not have access to adequate treatment. AOT is an intrusion into the lives of people who have not broken any laws. AOT deprives a person their freedom, loss of control, and their ability to make decisions on their own behalf.
AOT obligates the city/county/region/state to provide care.	 In times of scarce infinite resources funds may have to be taken from a worthy mental health program and allocated to AOT, i.e., "robbing Peter to pay Paul."
Can result in significant cost savings to Medicaid by reducing repeat hospitalizations of persons with serious mental illnesses. In New York City net costs went down 50% in the first year of AOT and an additional 13% in the second	 Without significant resources, human and financial, AOT cannot be successful. Most cities, counties, and states have lost significant funding in the past ten years; thus, accessing a full array of services is

vear. AOT can reduce overall service costs for persons with serious mental illnesses

- depending upon the local service system.
- AOT is viewed by the general public as a violence prevention strategy (a public safety issue) not a public health intervention. For the past ten years, the U.S. Department of Justice has conducted before and after research studies on AOT participants. DOJ found a drastic reduction in participants' arrests for all crimes, and a sharp decline in arrests for violent crimes. AOT can help to identify people at risk of violence against self or others and by providing treatment can reduce acts of violence.

not possible.

- The political, but not scientific, rationale for passing AOT laws has been violent behavior. AOT is not going to prevent mass shootings. There is no methodology to predict or pre-empt violent behavior. AOT is a politicized form of coercion. Curing major mental illness would only reduce serious violence by 4%. Unfairly targets people with mental illnesses as most of this group does not commit acts of violence.
- AOT reduces rehospitalization, victimization, incarceration, homelessness, and violent behavior. Restores the individual's dignity and well-being.
- More research is needed on AOT to empirically (evidence based) demonstrate its effectiveness, i.e., demonstrate a causal relationship between AOT and its clinical outcomes
- AOT is a tool to use within a wellfunctioning mental health system. Recipients of AOT receive an intensive level of services. AOT requires a substantial investment of resources.
- The majority of counties/regions/states do not have a well-functioning mental health system or the array of services or the financial resources and the capacity to support AOT. Most systems of care are underfunded.
- People with mental illnesses often do not recognize the severity of their symptoms (anosognosia) and their need treatment. AOT improves the quality of life as a result of being in the community rather than in a hospital and receiving intensive services. In an assessment of Kendra's Law in New York, 81% of individuals surveyed said AOT helped them get and stay well.
- Involuntary coercive treatment does not work in the long run. AOT can be frightening for many. Engagement in treatment is what works for most people. AOT court orders Most require medication; however, medication may not be forcibly administered to any AOT patient. Treatment relationships should be collaborative partnerships emphasizing hope and recovery. In the Duke study only 27% of consumers' perceptions changed after treatment expressing they were thankful for receiving it. On a measure of "quality of life" there were improvements for those in AOT for more than 12 months. but not for those treated for six months.

· Kendra's Law in New York City after five · In California only two counties have years of operation, increased community implemented Laura's Law. No scientific services for those not in its program. This studies have been completed is attributed to fewer people in crisis and demonstrate effectiveness and the AOT more people maintaining their treatment. population has been exceptionally small in these counties. · Encourage people who have previously Drives people away from treatment refused treatment to enter treatment causing them to flee and leave the area. voluntarily and willingly. The AOT program is stigmatizing. Provide a less restrictive alternative to More research on AOT outcomes is inpatient commitment and prevent needed. AOT remains an unproven deterioration and negative outcomes, i.e., approach. A 2013 large randomized study arrest or violence. The goal is to keep the in the UK found this type of program made individual stable, out of crisis, and to absolutely no difference to the "revolving accept voluntary treatment. door" patients and "doesn't work."

ACTION NEEDED:

- Provide funding and resources needed to establish Assertive Community Treatment (ACT) and
 other crisis intervention services to de-escalate crisis situations before they happen and
 promote a sense of choice, autonomy and recovery.
- 2. Develop Peer Crisis and Respite Services, available 24/7.
- 3. Advocate the utilization of Psychiatric Advance Directives.
- 4. Assure access and an array of culturally, age and gender appropriate services.
- 5. Eliminate the stigma surrounding psychiatric disabilities.
- 6. Develop Citizenship Interventions designed to support the person in the community.
- 7. Enhance mental health outreach to homeless individuals with mental illnesses.
- Enhanced coordination between mental health, substance abuse, physical health, corrections, rehabilitation and education systems of care.

SAN FRANCISCO MENTAL HEALTH BOARD



Edwin Lee Mayor 1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mbbsf.org

Unadopted Minutes

Mental Health Board Wednesday, April 09, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 San Francisco, CA 6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Ellis Joseph, MBA, Co-Chair; David Elliott Lewis, PhD, Co-Chair; Wendy James, Vice Chair; Virginia S. Lewis, MA, LCSW, Secretary; Terry Bohrer, RN, MSW, CLNC; Kara Chien, JD; Terence Patterson, EdD, ABPP; Vanae Tran; Idell Wilson; and Errol Wishom.

BOARD MEMBERS ON LEAVE: Andre Moore; and Alphonse Vinh, M.S.

BOARD MEMBERS ABSENT: Sgt. Kelly Kruger; Melody Daniel, MFT; Lena Miller, MSW.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of CBHS; Lupe Rodriguez, LCSW; Ben Sharpe, PhD, Senior Researcher at ICCT; Kathryn M. Weeks, JD; Manuela Esteva, Lupe Rodriguez Spanish speaking therapy client; Hagop Hajian, MD, SF Juvenile Justice Center; Mona Tahsini, MA, MFT; Carol Taniguchi, NP; Grace F. Lawrence, LGBT Liberian Photojournalists and Activist; Shannon Altamirano, Justice and Diversity Center; Jonathon Wean; Joshua B. Davis, JD; Halston Chapman; Rose Fried; Anna Bartley; Grace Lawrence; and thirty members of the public.

CALL TO ORDER

Mr. Joseph called the meeting of the Mental Health Board to order at 6:40 PM.

ROLL CALL

GOVERNMENT DOCUMENTS DEPT

Ms. Brooke called the roll.

MAY 23 2014

AGENDA CHANGES

SAN FRANCISCO PUBLIC LIBRARY

ITEM 1.0 DIRECTOR'S REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services. Ms. Robinson announced that, by the end of April 2014, another tri-annual audit should be completed. The audit is required by the Centers for Medicare and Medicaid Services (CMS) of the State of California. This audit is an arduous process requiring lots of documentation.

The department is putting together an RFP (request for proposals) for CBHS services to determine whether an RFP process is necessary or just an incorporation of services into the current CBO contracts. Generally 58% of services are outsourced to CBO's.

The Mayor's Contact Assess Recover Ensure (CARE) Success Task Force meeting process has started to ascertain a better engagement for services to improve response in people with severe mental illness and substance abuse disorder.

Ms. Virginia Lewis asked what percentage CBHS services are contracted out to CBO's.

Mr. Robinson said over 50% of services are contracted out to community. Sometimes contracting out rates can be as high as 58%.

Dr. David Elliott Lewis informed the board that some public members have alleged that the purpose of the CARE task force is just a rubber stamp for implementing Laura's Law for San Francisco.

Mr. Robinson emphasized that Mayor Lee's intention is to help people with severe mental illnesses to keep engaging in healthcare services.

1.2 Public Comment

No public comments

Monthly Director's Report April 2014

1. Adolescent Health Working Group – 11th Annual Provider Gathering: "Patient Centered Care for Young Women"

This year the focus of the meeting will present attendees with the latest issues and advances in young women's health, including topics in internal, reproductive, integrative, and skin health services. The AHWG in participation with the San Francisco Department of Public Health, will introduce a new "Designation of Excellence" in Young Women's Care for Internal, Reproductive, Integrative, and Skin (IRIS) health services. All attendees will receive six training credit hours towards the initial awards process.

The conference will feature a diverse group of presenters and clinical experts in young women's care from Kaiser Permanente, UCSF's Bixby Center for Global Reproductive Health, Center for Youth Law, San Francisco Health Plan, and many more! For a complete list of presenters and the event agenda please go to http://ahwg.net/events-and-training.html

The event will take place April 11th, 2014, 8:30am to 4:00pm, 455 Golden Gate Avenue, San Francisco. For more information about this event, please visit www.ahwe.net or email sarah@ahwe.net.

2. CARE (Contact * Assess * Recover * Ensure Success) Task Force

In his 2014 State of the City Address, Mayor Edwin M. Lee observed that, "While we have the strongest social safety net in the nation, we still have far... too many people unable to make the choices they need to save their own lives because of severe mental health and substance abuse problems." In an effort to ensure recovery and success for this population, Mayor Lee tasked the San Francisco Department of Public Health (SFDPH) with convening a community process to determine how to engage and maintain in appropriate behavioral health treatment severely mentally ill, and often dually diagnosed, individuals that current programs have failed to successfully treat or adequately engage. The website for this task force is http://www.sfdph.org/dph/comupg/knowlcol/CARE/default.asp

3. Congratulations Mental Health Association of San Francisco

According to the provisions of the Workforce, Education and Training (WET) Peer Personnel Preparation Request for Proposal (RFP) 13-4127 and subject to the availability of funds, the Office of Statewide Health Planning and Development (OSHPD)/Healthcare Workforce Development Division (HWDD) intends to award a contract to the following four (4) establishments: National Alliance on Mental Illness San Diego; Mental Health Association of San Francisco; Recovery Opportunity Center; and Contra Costa County-Behavioral Health Division. This Notification of Intent to Award should not be considered as a binding commitment by OSHPD/HWDD. The last day to protest is March 26, 2014.

4. California Institute for Mental Health and Alcohol and Other Drug Policy Institute Merge

California Institute for Mental Health (CiMH) and Alcohol and Other Drugs Policy Institute (ADPI) Boards met March 20 & 21 and unanimously voted to merge the organizations as of July 1, 2014. On that date their name will change to California Institute for Behavioral Health Solutions.

5. The Focus is Work, by Victor Gresser

See Attachment 1.

6. Children Youth & Families

Behavioral Health was awarded a four year grant from MHSA to augment crisis response services. The grant will be implemented in three components. Component one will be a 24 hour warm-line for youth and adults. The staffing will include peers and volunteers and the focus will be on prevention and resource navigation. Component two will be the establishment of a child, youth and family friendly triage space for children and youth experiencing acute psychiatric issues. This will give San Francisco County an alternative to evaluating youth in emergency rooms and adult facilities. In addition we will be able to increase our capacity to divert youth from being hospitalized in out of county facilities. The third component will be the development of four community based teams that will provide focused treatment to children, youth and family members who are experiencing trauma due to community violence and/or experiencing psychiatric and behavioral issues in their homes, after-school programs, schools or other community settings. The teams will be staffed with clinical, behavioral and peer staff. We look forward to implementing the grant beginning in the summer of 2014.

7. Chinatown Child Development Center

Nancy Lim-Yee, Program Director at the Chinatown Child Development Center (CCDC), will be traveling to Hong Kong in April to present a workshop with three other colleagues entitled. "Addressing Mental Health

Disparities Through Community-Based Participatory Research: Development of Culturally-Sensitive Assessment and Educational Materials for Depression in Chinese Immigrants in the United States" at the Global Social Science Conference 2014. Asian Americans have an overall lower suicide rate than the general U.S. population. However, higher rates of suicide and suicidal behaviors among Asian American young adults and older adults compared with the general population and the culture-specific causes and risk factors for suicide that have been reported all highlight the need for developing culturally sensitive means of prevention and intervention. While depressive disorders are a good indicator of suicidal risk in the general population, the correlation of depression and suicide for Asian Americans is reported to be weak. This implies that targeting depression intervention as a means of preventing suicide would be less efficacious among Asian Americans.

In the current study, Nancy and her colleagues hypothesized that depression and suicide are closely linked in Asian Americans and that depression assessment and prevention—if conducted in a culturally sensitive manner rather than applying depression instruments developed in European American samples—could be an important means of preventing depression and suicide in Asian Americans. Using a community-based participatory research approach with social workers, health and mental health professionals, community members and a university researcher working together, culture-based, Chinese language depression assessment and educational materials were developed for Chinese immigrant adolescents, adults and older adults. These materials including brochures with symptom checklists, posters, and videos with skits performed by actors take into consideration culture-specific expressions of depressive and suicidal distress. They address social and interpersonal aspects of distress such as family conflict, stigma of mental illness, loss of social status and poor integration into U.S. society, loss of face and shame, acculturation gap among family members, and burdening one's family. A next step of research will be to evaluate the effectiveness of these materials.

8. Comprehensive Crisis Services

The Comprehensive Crisis Services team experienced a busy and fast paced month. Crisis calls surged, and our teams continued to work diligently to provide culturally competent, responsive services to help support the safety and wellness of the children, adults, and families experiencing acute behavioral health crises in San Francisco. Our team also was asked to take on the role of providing support services to the staff at the new Sunnydale Wellness Center as the staff there acclimated, reached out, and spread the word about their new Wellness Center to the community. We are pleased that several of our team members have graciously risen to take on this additional challenge and done it with dedication and oride.

9. Early Childhood Mental Health Consultation Initiative

Hoping to keep the momentum from February's retreat, Behavioral Health and the five program directors from the contracted mental health consultation providers had another full-day retreat on March 26th. Participants continued with rich conversations conceptualizing particular aspects of service delivery, documentation, and criteria for assessing scope of need for mental health consultation across the city.

Final outcome measures for Fiscal Year 2012-2013 demonstrate continued need for early childhood mental health consultation in San Francisco. Major findings include:

- 97% of child care staff surveyed reported that the mental health consultant helped increase their understanding of children's emotional needs;
- 96% of child care staff surveyed reported that the mental health consultant increased their understanding of children's development;

- 96% of child care staff surveyed reported that working with the mental health consultant helped them
 respond more effectively to children's behavior;
- 96% of child care staff surveyed reported that the mental health consultant helped them communicate
 more effectively with parents of children who have challenging behaviors;
- 97% of child care staff surveyed were satisfied with the services overall of the mental health consultant.

10. Mission Family Center

During the month of March, the men at Mission Family Center (MFC) hosted an International Women's Day brunch during our weekly staff meeting, acknowledging women from around the world, as well as the women in our clinic. Mission Family Center also received the Ahimsa training this month in de-escalation, facilitated by Kevin Conboy of Seneca Center. The training was very interactive and received positive feedback. Eleven of the twelve participants completed the training evaluation with an average score of "very good +". More training in this area will be needed going forward, but MFC received a positive teambuilding foundation in the area of de-escalation.

11. School-Based Mental Health Services

After a series of five meetings between the Department of Public Health, San Francisco Unified School District (SFUSD) and mental health providers, the Education Related Mental Health Services workgroup finalized and adopted four key recommendations to improve mental health services for IED students:

- a) Articulate clear expectations for providers including address how students' mental health presentation interferes with education progress by providing robust, early and timely interventions, as well as scaffolded services to support students' skills development;
- b) Utilize a set of seven key guiding clinical principles in provider practice, such as valuing the importance of building therapeutic relationships with students and their caregivers and offering trauma informed care;
- c) Adapt symptoms based interventions matrix:
- Develop trainings and plans to address emerging trends such as school avoidance and further engaging caregivers in treatment.

Next steps include integrating service expectations in next year's contract, identifying training resources to build up provider capacity, and disseminating guiding clinical principles and interventions matrix with SFUSD staff and mental health providers.

12. Southeast Child/Family Therapy Center

March is always a busy month. Of the 27 intakes appointments that were available, 26 were scheduled and 18 were completed. We interviewed for potential interns for the Fall and made our selections. We had our annual retreat during which we envisioned our dream clinics and came up with concrete ideas for making the clinics more welcoming and conducive to wellness. We also discussed ways to support group work and came up with a list of groups we are committed to running in the next year. Three clinicians applied for a SAMSHA grant to allow them to obtain training in New Mexico on Culturally Relevant Stress Management Interventions for African American Male Youth. They were awarded this grant and will be returning, following the training and some on-going webinars, to share their knowledge with the rest of the system.

13. Ms. Lee Etta Palmer - Volunteer Extraordinaire!



CBHS would like to honor Ms. Lee Etta Palmer for her commitment to serving the San Francisco community at CBHS Pharmacy for the last 20 years. Lee Etta has been the most consistent and longest lasting member of the CBHS Pharmacy staff. This is rather amazing because Ms. Lee Etta began volunteering at the pharmacy after she had already retired. As Ms. Lee Etta explains, "I got bored at home and wanted to be somewhere where I could be useful and help out."

For the pharmacy staff, she has nurtured us from our first days on the job all the way through to our last days before retirement. We have been blessed with her humor, life lessons, and "green thumb." She has helped us stay the course in our careers and in in our lives. We are forever indebted to her for her service and friendship.

14. Peer-to-Peer Programming Empowers UC San Francisco Student

UCSF has taken the opportunity presented by the Student Mental Health Initiative to empower students to use their voice, their energy, and their boundless creativity to bring forth peer-programming ideas. UCSF's Student Health and Counseling has received several outstanding proposals from an open call for proposals for Peer-to-Peer funds, and plans to announce the awardees at the beginning of Spring Quarter. This endeavor will bring peer programming to a community of graduate and professional students for the first time, addressing mental health awareness, suicide prevention, and stigma. Contact James Lyda at James Lyda@uesf.edu.

Tell us your clinic story and we will add it to the upcoming Director's Reports.

Past issues of the CBHS Monthly Director's Report are available at: http://www.sfdph.org/dph/comupg/oservices/mentalHth/CBHS/CBHSdirRpts.asp To receive this Monthly Report via e-mail, please e-mail reanna.albert@sfdph.org

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates: Mental Health Services Act Annual Update

Ms. Robinson said MHSA dollars to fund mental health services for this coming fiscal year look good, since the general economy of the State is recovering at a steady pace.

She also announced that Marlo Simpson, who was formerly served as an acting director, is now officially the Director of MHSA of San Francisco.

Dr. David Elliott Lewis wanted to know the funding amount.

Mr. Robinson said the upcoming fiscal year's exact figure is not yet available to her. However, last year's MHSA dollar was around \$23 million for San Francisco County.

2.2 Public comment

Ms. Deborah Hardy asked if there are publically available materials showing itemized details.

Ms. Robinson explained that there is a website on CBHS that shows the percentage of dollar allocation. Generally, in MHSA annual reports, only positions contracted under MHSA grant are shown.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of January 8, 2014 be approved as submitted.

Unanimously approved

3.3 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of February 12, 2014 be approved as submitted.

Unanimously approved

3.4 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of March 12, 2014 be approved as submitted.

Unanimously approved

3.5 PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Ms. Terry Byrne for her work with the Mental Health Association with the "Do Send a Card" program to send get well cards to psychiatric inpatients at San Francisco General Hospital and the stigma reducing SOLVE program (Sharing Our Lives, Voices and Experiences).

Unanimously approved

Ms. Byrne was recognized at the February meeting but no vote was taken because there was not quorum.

3.6 PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Ms. Adrian Williams, for the founding of the Village Project which provides public and co-operative housing residents with positive activities and events for the "Village Rids" and their families.

Unanimously approved

Ms. Williams was recognized at the March meeting but no vote was taken because there was not quorum.

3.7 ELECTION OF OFFICERS: Be The Nominating Committee, David Elliott Lewis, PhD, Ellis Joseph, MBA, Alphonse Vinh and Wendy James proposed the current officers for re-election. Errol Wishom was added to the list at the February Mental Health Board meeting. Additional nominations can be made from the floor.

Congratulations to the following officers.

- · Co-Chairs: Ellis Joseph and David Elliott Lewis
- · Vice Chair: Wendy James
- · Co-Secretaries: Virginia Lewis, and Errol Wishom

ITEM 4.0 PRESENTATION: MENTAL HEALTH ISSUES AND SERVICES IN THE JUVENILE JUSTICE SYSTEM: DR. HAGOP HAJIAN, SF JUVENILE JUSTICE CENTER, PSYCHIATRIST

Mr. Joseph introduced Dr. Hagop Hajian who is the psychiatrist for the San Francisco Juvenile Justice Center. He and his staff will provide information about mental health issues and treatment at Juvenile Hall. He will introduce his staff members.

4.1 Presentation: Mental Health Issues and Services in the Juvenile Justice System: Dr. Hagop Hajian, SF Juvenile Justice Center, Psychiatrist.

At the end of the minutes is Dr. Hajian's presentation handout,

Dr. Hajian provided an overview of San Francisco Juvenile Justice Center.

He explained that Special Programs for Youth (SPY) works closely with juvenile youth experiencing psychological distress to performs assessment, intervention, treatment and services, including medication if medically necessary. For example, SPY assesses depression to determine whether it is situational or clinical. A part of treatment includes therapeutic sessions to educate youth who were exposed to adverse childhood experiences (ACE) on psychophysical education and crisis management.

He said, nationally, there is a decline overall in the last ten years of incarceration of the general population. Some cities reported a 40% decrease.

However, incarceration of juvenile population with mentally illness is increasing; though it is less pronounce than the adults with mental illness. Nevertheless, youth with mental illness are being incarcerated at a higher rate than before. Diagnoses most commonly seen in youth are depression, ADHD, PTSD, trauma related symptoms, and other psychotic disorders.

There is also misdiagnosis too. For example, some youth with learning differences are misinterpreted as having a learning disorder.

Ms. James inquired about the practice of restraint and solitary confinement room.

Ms. Tahsini said emphatically that SPY does not use such practices. Instead, SPY uses a quiet room.

- Ms. Tran asked if there are any statistics showing severity of offenses committed by youth.
- Dr. Hajian said criteria for juvenile offenses have changed.
- Ms. Taniguchi added that there is a general decline in the less serious crime rate such as robbery, assault and theft. But the serious crime such as murders has increased nationally. It is also shown that locking up is not treatment.
- Ms. Chien commented that in the year 2000 she was assigned as a deputy public defender. She felt that SPY is very conducive in rehabilitating youth.
- Ms. James asked about what happens to youth who were released after 27 days in the juvenile justice system.
- Ms. Taniguchi said the preference is family reunion. However, placement is optional and is dependent on the severity of charges.
- Ms. Virginia Lewis asked about recidivism rates
- Dr. Hajian said the 2013 annual report would show a details and categories. For example, group home youth tend to be repeaters of the juvenile justice system.
- Ms. Taniguchi said the juvenile justice system servers about 1,300 kids, and, unfortunately, there is a 30% rate in recidivism.
- Ms. Virginia Lewis asked if there are any follow up studies on recidivism.
- Ms. Taniguchi said in 2013 there was a re-entry program set up to keep track of data.
- Ms. James wondered about continuing education services for youth in the SPY program.
- Ms. Tahsini said there is collaboration with the San Francisco Unified School District (SFUSD).
- Dr. Hajian said there are youth who have matriculated with a GED while in the juvenile justice system.

4.2 Public Comment

Due to the three minutes time constraint, at the end of the minutes are submission of speeches and statements made by public members to the board.

Ms. Rodriguez is a licensed clinical social worker and was a former employee of Horizons Unlimited of San Francisco in the Mission neighborhood of the City. She said two years ago an MHSA grant was awarded to Horizons Unlimited, and she was signed on as a Mental Health Specialist for Horizons Unlimited in October 2013. But on February 27, 2014 while she was in a middle of therapeutic session with a client who had acute psychosis, she was abruptly terminated by the program director. She was immediately escorted off of the premises and not allowed to complete her shift when she was terminated. She felt her early termination was detrimental to her clients who were left hanging and clients deserve to be treated with respect and dignity.

She said "But what tears me apart the most is that I was forced to abandon most of my clients, one of them being 6 years old. As a Licensed Clinical Social Worker, I have a moral and ethical obligation to ensure that

my clients' transition smoothly when therapy is coming to an end. Abandoning a client without any notice or consideration of their current mental and emotional state could potentially destroy any and all progress made by the client."

The practice of forcing therapists to abandon clients in the middle of therapeutic session is something that Horizons Unlimited has established.

Due to the three minute time allocation for public comments, Ms. Bartley speaking on behalf of Lupe Rodriguez provided a statement outlining events, and the outline is available at the end of the minutes.

- Mr. Chapman testified that at Horizons Limited there is a culture where clients are seen as just a number or as a diagnosis, rather than as a whole person. There are many at-risk youth and the underserved Spanish speaking clients who come in to the program. He added that clinical supervisors were often absent from day-to-day operation.
- Mr. Wean was a drug and alcohol counselor and testified that Horizons Unlimited has been practicing failure to care for clients by forcing counselors to abandon clients. He believed this practice would just provoke further anxiety and mistrust in clients. What is especially hard is that he was forced to break trust with kids!
- Ms. Fried testified that even after she was terminated she still has youth calling her with requests for help. For example, a little girl living with a single mother still calls Ms. Fried for guidance.

Due to the three minute time allocation for public comments, Ms. Altamirano said she is an Irish Guatemalan came to speak on behalf of Lupe Rodriguez. She submitted her statement which is at the end of the minutes.

Ms. Katherine Week is a lawyer and testified that she is abhorred at what is going on at Horizons Unlimited and is very concern that the organization is doing a disservice to the community.

ITEM 5.0 REPORTS

For discussion

- 5.1 Report from the Executive Director of the Mental Health Board.
- Ms. Brooke reported that she recently met with Ms. Sara Matsumoto who is proposed an independent project called Project Awareness.

WHAT IS PROJECT AWARENESS?

A group of 20+ college-aged folks will strategically get on 20+ busses around the city, each with bouquets of flowers. Each flower will have a tag with a quote about mental health (mental health myth, fact, quotes about fighting the mental health stigma). Along with each flower that is handed out, two more things will be done. First, a 4" x 6" card will be handed to each individual with the following information:

Title of Event: Project Awareness

List of different organizations or resources involved in the event

Social Media links to direct folks to mental health resources

- Second, the individual will be asked if they want to take a mental health awareness pledge. To take the pledge our student volunteer will take a photo of the individual with their flower. The photos will be later posted on the tumblr and Instagram sites. The idea is to create enough traffic on these two sites so awareness can be spread. We will post shout outs to organizations that have helped make this event possible along with other resources for folks to utilize. If the individual takes the pledge they will receive a sticker designed by a local artist, Eryn Kimura.
- In addition, Alex Turiano & productions, a group of cinema/BECA majors from the San Francisco bay area are going to film and edit the day's activities to be posted on our social media sites and sent to the organizations involved.

I have told many of my friends about this event and they all encouraged me to just go for it. So I am! I am approaching as many organizations involved in mental health in hopes that we can sit down and talk more about the project and how you can help.

Ms. Brooke would like the board to support the PROJECT AWARENESS

She announced the next board meeting is Wednesday 5/21/2014.

- 5.2 Report from the Chair of the Mental Health Board and the Executive Committee.
- Mr. Joseph announced that the Executive Committee has changed its meeting time to the daytime. The next meeting is Thursday, April 17th, 2014 at 11:00 AM at 1380 Howard Street, Room 424. All board members as well as members of the public are welcome to attend.

He also introduced two new board members named Vanae Tran and Idell Wilson.

- Ms. Tran is an MFT and has a younger brother with bipolar disorder and was driven to commit suicide.
- Ms. Wilson introduced herself as a mother of four and was on the Mayor's Disability Council. Her children attended special education programs.
- 5.3 Committee Reports: Assisted Outreach Treatment, Chair: Terry Bohrer
- Ms. Bohrer gave a report on the Assisted Outreach Treatment Committee. She said the committee met last Friday April 4th, 2014 at 1380 Howard Street in room 424. She said the next meeting is on Friday April 18, 2014 at the Mental Health Board office from 1:00 PM 3:00 PM.
- 5.4 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

No issues or people were highlighted.

5.5 Report by members of the Board on their activities on behalf of the Board.

Terry Bohrer reported her site visit at Chinatown/North Beach Clinic on Thursday March 13, 2014. She was very impressed with the culturally competent services. The clinic will receive an NP who will provide somatic care. For example, one interviewed client has traveled over an hour to get services. The clinicians and staff seemed to be well trained and there is a very low turnover in staffing, which suggests a happy supportive working atmosphere.

She also suggested reviewers to present their site visit results and findings to the whole board so board members can learn about various community programs.

- 5.6 New business Suggestions for future agenda items to be referred to the Executive Committee.
- Ms. Ellis proposed a site visit to Horizons Unlimited of San Francisco.
- Ms. Virginia Lewis proposed a presentation on board and care facilities.
- Ms. Bohrer proposed an advance planning process for the 2014 board retreat.
- Ms. James proposed a presentation of hoarding and clutter by seniors.
- 5.7 Public comment.
- Ms. Lawrence is an MTF and testified that Lupe Rodriguez helped her transitioned in supportive community services. For the past three years, she has be stabilized and asked the board to do a program review of Horizons Un
- Ms. Esteva using a Spanish translator said she is a single mother of two young children. When her family was going through an eviction process, she came to the Horizons Unlimited and was very depressed as she was seeking counseling services, since, especially, her 13 years old daughter who was very traumatized by the whole eviction process.

She was very scared for family. Her anxiety was reduced when she learned that Lupe Rodriguez is a Spanish speaking licensed clinical social worker. Her daughter felt safe and trusted Lupe very much. However, their counselor-client relationship ended abruptly when Lupe was terminated by Horizons Unlimited.

She felt that when Horizons Unlimited forces counselors to abandon clients. It creates another barrier for the underserved people who seek community behavioral healthcare. She was overwhelmed and felt very stressful when Lupe was no longer worked at Horizons Unlimited. She lost her eviction appeals and her daughter is still having mental health issues.

- Ms. James said the Mission clinic has a Spanish speaking therapist.
- A youth public member, speaking on behalf of Halston Chapman, introduced himself as Orlando. He has a sister who attended the Girls Violence group and stated that the trust-building process takes time, and then to be abandoned is very damaging in a therapeutic relationship.
- A youth public member expressed that she believe her therapist was a good counselor. She is in the females against violence (FAV) group Horizons Unlimited.

A public member thanked the board for the presentation of youth services and felt very disturbed by testimonies against Horizons Unlimited. The public would like the board look into these matters soon.

A public member said Lupe Rodriguez was a very positive LCSW at Horizons Unlimited. The public member requested accountability of the executive director at Horizons. The public felt that many good social workers there were fired and escorted off the premises without being given an explanation or being allowed the opportunity to have closure with their clients and properly transfer them to other counselors at Horizons.

A public member stated she has seen young women from all walks of life, and wanted to be part of a community that heals.

Mr. Davis, speaking on behalf of John Wean, expressed that the way John Wean was let go by Horizons Unlimited was conscionable.

ITEM 6.0 PUBLIC COMMENT

No public comments.

ADJOURNMENT

Meeting adjourned at 10:30 PM.

Below are the submitted letters and statements during the meeting.

April 14, 2014

HELLO Ms. Shirley Maciel

We hope this letter finds you well. We were formally a part of the JEEP program at Horizons Unlimited. Now we are currently participating in the G.A.N.G (GROWING A NOBLE GENERATION) youth program. The foundation of our group is built on democracy, giving a voice to the voiceless, and building healthy relationships with each other.

When you fired our program coordinator, Halston Chapman, and removed him from our group we just got in good and built a good, trusting relationship. This hurt and affected us because we had just got familiar with the people we just got acquainted with. We also think that you could have asked the group what we thought about you firing Halston. Your decisions made us feel insignificant as a group and you don't value what we've been through as a group and individually.

These are the reasons we felt forced to leave Horizons. An injury to one is an injury to all. We are soldiers. Losing a soldiers is like losing a limb, you can't grow it back. Without that limb, how are we supposed to move on to the rest of this journey in to man hood? And how is that limb going to make it to manhood? We are also sad that we could not bring our brother Jose Jimenez with us to our new group. He is a vital member of are group. He is the only remaining member of JEEP. He is being forced to be there by you so you can begin to fill in our spots in JEEP. You cannot disregard our humanity and replaced us with 5 or 6 new members just to meet your numbers. We must demand you release him from JEEP and allow him to join us in the Growing A Noble Generation Youth Program.

We attended 16 sessions from February 3 to March 26 2014. Because we where promised a \$350 stipend for 6 month of participation. We did the math and we are owed \$136.59 each for the 16 sessions we attended from February 3 to march 26 by Horizons. The following email that we received from a person name Jorge Morales two weeks after the breaking up of are JEEP group is unfair and illegal, which is Grimey:

"Hi guys, my name is Jorge Morales, I writing this short notes to inform you guys, that Monday And Wednesday is the Jeep group. You guys need to be here next Monday at 4:00pm, you guys miss 2 days already. Also you will not get paid. Thank you and have a nice day and weekend."

The harmful decisions being made at Horizons, which claims to "engage, educate, and inspire" young people like us make us feel like you and anyone else co-signing on these decisions must step down from their leadership positions, to spare kids like us any more harm.

We expect a response to this email addressing our concerns and demands by no later than Monday April 18th at 6 pm.

Signed,

G.A.N.G. Youth Group members: Ricco Thompson Jr. Oscar Alvarez Jessie Varela Ray-shawn Washington Tra'shawn Davis

My name is Jon Wean.

I was a drug and alcohol counselor at Horizons.

When I was the offered a position there I was very happy, to put it mildly.

I was excited for two very specific reason -1: I'd wanted to work with teenagers in this field for a long time, and 2: I' be able to work in a harm reduction capacity.

This meant I was able to have honest conversations with my clients. They could tell me in confidence the substances they were using or were curious about using, and it wasn't my job to tell them what they should or shouldn't do. My job was to listen; to ask questions; to work with them to come up with ways for them to live a healthier and safer lifestyle.

All this enabled me to gain my clients' trust in a much easier manner.

Trust is a sacred thing; something to be handled with care; and it's essential for people to have in order to make true progress together.

Unfortunately, my time at Horizons came to end in a way that forced me to break the trust of every client I was treating.

On the afternoon of March 4th came back to Horizons after running a group at a high school so I could drop off paperwork, make two calls, and then head off to another high school to run a group for nine students that would be meeting for the very first time. It's important to note that every member of this group joined voluntarily, and that was because I was lucky enough to spend two previous days at their school meeting with all of them individually to discuss the nature of our group, as well as how and why it could be beneficial for them.

Anyway, before I was able to leave to start this group, my supervisor approached me and said she needed to speak with me. I told this person I didn't have much time and was told our conversation wouldn't take long.

I was led into a private room and was told my services would no longer be needed. I was taken completely by surprise, and when I asked why I was being let go I was told that I was an at-will employee and that lawyers advised the organization not to give me a reason. I was then told that I would be allowed to gather my personal belongings and would be escorted off the premises.

Despite my shock, I was lucky enough to maintain the wherewithal to ask my supervisor if I could contact my clients to inform them that I would no longer be able to work with them. I was denied access to my file cabinet that had my clients' confidential contact information, and was told that because I was no longer an employee it would not be necessary for me to contact my clients because they were no longer my clients.

What about the nine kids who are waiting for me to start their first group in twenty minutes – what are you going to do about them, I asked?

We'll handle it the supervisor answered with complete conviction.

I had abandoned my clients, and without a doubt lost their trust, as well as all the work we'd done together up to that point.

This was not my choice. It was Horizons's.

I hope you are well and in good spirits. I apologize for this long message, but please take the time to read it. It would really mean a lot to me.

On October 28, 2013, I began working as a Mental Health Specialist for Horizons Unlimited of San Francisco (http://www.horizons-sf.org/). Horizons is a youth development and empowerment organization that has been serving at-risk youth and their families in the Latino and under-served minorities communities since 1965. Up until 2012, the organization had not had the capacity or the funding to meet their clients' mental health needs. Many of the clients at Horizons are undocumented, and research shows that this population has been traditionally unwilling to pursue mental health treatment.

Being a Latina myself, I empathize with the barriers to treatment that exist within our community, such as limited access to Spanish-speaking and culturally sensitive mental health professionals. That is one of the biggest reasons why I was so excited to begin this position and fully immersed myself in the work.

Due in large part to the cultural connection, my clients at Horizons have had a huge impact on me. My two sisters and I were born here in California, but our parents were undocumented people that migrated here illegally. As with so many who immigrate to the US, their reasoning for putting themselves at risk was the hope that they would be providing us with a better life.

On February 27, 2014, I was fired and given no reason for the termination and immediately escorted off the premises — a humiliating and traumatic experience to say the least. I was fired 8 days after going to City and County of San Francisco and asking questions about the grant that was funding my position. In particular, I wanted to understand how funds were supposed to have been allocated for the grant, as I had evidence that funds were being mismanaged. The Executive Director, Nora Reddick, accused me of going over her head by going to City and County program manager to get clarification on the funding allocation requirements of the grant.

But what tears me apart the most is that I was forced to abandon most of my clients, one of them being 6 years old. As a Licensed Clinical Social Worker, I have a moral and ethical obligation to

ensure that my clients transition smoothly when therapy is coming to an end. Abandoning a client without any notice or consideration of their current mental and emotional state could potentially destroy any and all progress made by the client.

Unfortunately, I was only able to contact the clients whose numbers were in my cell phone at the time of my termination. This was only a very small percentage of my caseload. While I was being fired, I pleaded with Nora to please let me finish out my shift. That same evening, I had a client in crisis that I had planned on escorting to a Women's center, but, after being terminated, not only was I not allowed to escort my client to the center, but I was not permitted to even speak to her and let her know what was happening or find her an alternative staff member to support her urgent need for housing.

I am continuing to see some of my Horizon clients on a weekly basis pro bono. But, as many of you know well, unfortunately San Francisco is an extremely expensive city. My husband, 15-month-old daughter and I are not in the right place financially for us to continue living in San Francisco if I'm not bringing in an income as well. So, the weekend of April 26, Ben, Milu and I will sadly be packing up our belongings and moving to Sacramento. Don't get me wrong, we are excited to return to the city of trees and to get to spend time with dear friends and with my sister Mari and her girlfriend, Courtney. However, it is also extremely saddening and anxiety-provoking to have to suddenly uproot and leave our lives in San Francisco behind. I feel awful knowing that I will only be able to see these pro bono clients for another couple weeks and that I might not be able to help them transition to new therapists. Unfortunately, finding an organization that provides Spanish-speaking therapy is very difficult, even here in San Francisco.

What is also so very sad is that within two months of me getting fired, there were 3 other amazing and caring individuals also working at Horizons who also stepped forward to advocate for themselves or their clients and were terminated immediately as a result. All of us were fired and subsequently escorted out of the building, being forced to abandon our clients. Equally if not more troubling is that fact that we later learned that this practice has been in place at Horizons since Nora took over as the Horizons Executive Director approximately 16 years ago.

Last night, the San Francisco Mental Health Advisory Board allowed many of us to share our story and alert the Board to the many injustices and the 'culture of fear' that are so pervasive at Horizons. We were able to provide strong evidence and first-hand accounts of management abusing staff and clients and being negligent in a number of different critical areas. In addition, we believe that there is evidence to suggest that certain members of management have been systematically misusing and possibly embezzling funds for many years.

I would like to sincerely thank all of the current and former staff and clients from Horizons as well as friends of ours for supporting us in person and in spirit last night. We are trying our hardest to fight this injustice through as many channels as possible, and your support through the difficult time means the world to all of us on this case.

Love, Lupe and all you lovelies®

Lupe Rodriguez, LCSW 26961 Mental Health Specialist (916) 396-0835 My name is Shannon Altamirano, and I'm here to speak on behalf of Lupe Rodriguez who worked at Horizons Unlimited from October 28, 2013 until February 27, 2014. I've known Lupe for 2 and ½ years. She was my therapist at Lyon-Martin Health Services. When we met in November of 2011, I was utterly broken and depressed as a result of choosing to deal with past traumas in unhealthy ways. I was unemployed and had become the worst version of myself mentally, physically, and spiritually. During the five months of weekly sessions with Lupe, I was able to work through the pain and sadness of past traumas and began to recover, heal, and learned how to deal with life's challenges in positive and healthy ways.

I had gone to therapy in the past, but I never felt comfortable opening up to therapists because I didn't feel like they understood me as a person. I'm Mexican, Guatemalan, and Irish. I was born and raised here in SF, and I always connected more with my Latin roots and with my Abuelita in the Mission. When I met with Lupe, I was blown away. Having a therapist who understood my cultural background because she is also Latina allowed me to tear down the wall that I had built up around me and dive into the process of healing because I trusted in the fact that she genuinely understood where I come from.

One of my passions is photography, and as I began to heal, I began to recognize beauty again. When I showed up to my sessions with Lupe, I brought a new photo of something beautiful that had I witnessed during the week. Lupe hung each photo on the walls of her office, and at the end of my 20 sessions of therapy with her, I could literally see how all of the darkness of the pain that I had held onto had transformed into light. I can't thank Lupe enough for guiding me through the healing process.

Next, I re-discovered my voice. I had worked in the non-profit world here in SF for years, but I took a break during the dark years. Last year, I was able to go back to work as a Bilingual Client Advocate for Latin immigrants facing eviction and for survivors of domestic violence who are trying to leave their abusive partners. I re-connected with Lupe in this capacity, and we began to discuss how we could connect her clients and their families at Horizons with pro bono attorneys at my organization to help with eviction, divorce, and custody cases.

Lupe and I discussed how important it is for people in our community to truly be seen and heard. Lupe used photos that I had taken of murals in the Mission to spark discussions in one of her youth group sessions about race, police brutality, and immigrant families. Her clients who had been reluctant to open up to her, began to understand that they could trust her and that she would advocate for them because she proved to them that she saw them and heard them.

Then, Lupe was fired from Horizons on February 27th at 4:10PM and was immediately escorted from the building. She wasn't able to tell her clients or refer them to another therapist. How can an organization which claims to empower and serve the Latino community in the Mission intentionally traumatize its clients? As one of Lupe's former clients, I know that I would've been devastated if I had shown up for one of our sessions only to be told that she no longer worked for the organization and that another therapist would be hired to replace her. People who are in the process of healing and in recovery for substance abuse issues are extremely fragile, and therapists can't just be replaced.

My heart breaks for Lupe and her former clients at Horizons. It's shameful for an organization like Horizons to completely disregard the well-being of its clients and staff. I hope that you, the Mental Health Board, will look into what has happened and is continuing to happen at Horizons and take steps to ensure that the clients at Horizons will no longer have to endure the emotional abuse of having their therapist suddenly ripped away from them without any notice. Both Lupe Rodriguez and her clients deserved to be treated with more care and respect. Thank you for your time.

Lupe Rodriguez April 1, 2014

Case Outline

Background Information

My name is Lupe Rodriguez, and I am a Licensed Clinical Social Worker in the state of California. I have been registered with the Board of Behavioral Sciences since 2006. From 2006 to 2010, I was registered as an Associated Social Worker, On November 30, 2010, I was issued my Clinical Social Worker license, On that day my status with the board changed from an ASW to a LCSW. During my entire career as a mental health professional. I have remained in good standing without any actions or complaints filed against me.

I have been employed as a social worker in San Francisco for 8 years without any disciplinary actions filed against me. On the contrary, while employed at Walden House, Drug Court, and Lyon-Martin Health Services, I was promoted and praised for my contribution to the organizations. That is why I feel that certain aspects of my experience at Horizons Unlimited of San Francisco ("Horizons") were very traumatic and stressful, and I have evidence to believe that my contract was unjustly terminated. I firmly believe that I was fired because I was beginning to uncover that the funds in my grant (as well as other Horizons grants) were being misused. Below, I will provide a brief timeline of events that shows that I was fired and escorted off the premises on February 27th, 2014, only eight days after I went to the city and inquired about the MHSA grant that I was contracted under-

Parties Involved

Nora Rios Reddick - Executive Director of Horizons

http://www.horizons-sf.org/

For reference, Horizons has an annual operating budget of approximately 1.6 to 1.8 million dollars.

Debra Camarillo- Clinical Director of Horizons and Executive Director of Latino Commission http://www.thelatinocommission.org/

For reference, the Latino Commission has an annual operating budget of approximately 2.1 to 2.3 million dollars

Kimberly Ganade -MHSA Program Manager Mental Health Service Act Grant

Department of Public Health

Timeline of Key Events

10/28/2013 - Official Horizons start date

I began a contract position as a Mental Health Specialist at Horizons. I signed a contact stating that from October 28, 2013 to June 30, 2014, I would plan and implement a Mental Health Program that would provide therapeutic services to Latino youth and their families. The Memorandum of Understanding that I signed clearly states that Debra Camarillo (Clinical Director) and I would collaborate on the planning and implementation of this project and that she and I would be expected to co-facilitate six community forums together for the purpose of promoting therapeutic services and providing mental health education in the Latino community. When I was offered the position after my final interview, I was told that I would receive a copy of the MHSA grant to gain understanding of the project and to use as a template when making decisions.

On my first day at Horizons, I found an event particularly peculiar. A Horizons staff member was fired and then immediately escorted off of the premises. I found it highly unusual that in a social services setting, the staff member that had been fired was not given the opportunity to properly transition out of the position and terminate with clients effectively.

Contracted Work Schedule

The table below summarizes the work schedule that was agreed to by Horizons management and myself. The mutual understanding was that in addition to my work at Horizons, I would continue to work at Lyon Martin Health Clinic as a Mental Health Therapist for 8 hours per week.

Dates	Horizons	Lyon Martin	Notes
10/28/13 - 12/31/13	20 hours/week (\$70/hour)	8 hours/week	-
1/1/14 - 6/30/14	28 hours/week (\$70/hour)	-	Likelihood for additional weekly hours at Horizons, as the project increased in intensity

October 28, 2013 to December 4, 2013

Despite numerous emails, phone calls, texts to management, I was not given access to the complete MHSA grant document. In response to my repeated requests, I would sometimes be given selected excerpts from the grant or an email with a summary of the grant, but I was never provided with the entire document. Moreover, management was rarely available to answer the numerous questions I had about the grant and how I should be administering the program. Debra Camarillo (Clinical Director) was scheduled to be at Horizons on Tuesdays but was absent the majority of those days during my time at Horizons.

December 4, 2013

I met with Nora Rios Reddick to inform her that this position was not working out and that I thought it would be best if we parted ways. I offered to give a 10-day written notice (as MOU indicates) and then mentioned my intent to return to work at Lyon Martin on a full-time basis. Nora apologized profusely for management's lack of availability and oversight and guaranteed that all would be different after the holidays. She gave a myriad of excuses as to why she had been absent so much (planning a destination wedding for her daughter, welcoming a new grandchild, vacation planning, illness, etc.). As for Debra Camarillo, she had been at her ranch "getting away" and at various trainings and conferences. I was assured that immediately after the New Year, I would have a meeting with Nora, Debra, Phyllis Lozano (accounting manager), Camilo Gonzales (AVATAR administrator) and myself, and we would review the grant together and all make sure that we had the same expectations for the program going forward. I stressed the urgency of this meeting, since the project needed to be completed in 7 months, and 2 months had already elapsed.

January 13, 2014

I wrote the following email to Nora:

Hi Nora-

I hope you had a great weekend and that you're feeling better. I'm following up regarding the email I sent on December 4th. On that day, you read the email, called me in to your office, and we agreed that you would send out an email when you returned from Mexico addressed to Camilo, Debra, myself (and possibly Shirley and Phyllis) so that we could sit down and have a meeting to discuss roles and responsibilities and expectations for the project. I was wondering if that was still the plan, and if so, could we please meet as soon as possible? The new SFP group starts tonight and it would be great to know what services I can provide and what my role is so that when I introduce myself to them, I'm giving accurate information. I had planned on sitting in on the group tonight, but now I'm not sure because I don't want to be asked questions about the program that I'm not prepared to answer. Another reason I think that a meeting is needed between our team is that there's still confusion about what codes are used for what

services, which has been causing duplication of effort, as notes have to be redone and recoded. And lastly, as we discussed in January, my plan is to work up to 28 hours a week, and because of that I told Lyon Martin that I would be too busy and would no longer be able to work for them. I do not feel comfortable working 28 hours until I'm confident that the program is proceeding according a plan that is agreeable to all parties. I'm optimistic that improved communication amongst our team will allow us to move forward in a way that better promotes Horizon's critical mission of service to the community. Thank you very much for your time, and I look forward to talking with you and others in the near future. - Lupe Rodriguez The purpose of the email was the following:

- 1. Following-up yet again on needing to have a meeting and seeking clarification on grant objectives.
- 2. Highlighting to Nora that due to our prior agreement that the project would intensify in January and I would be required to be at Horizons more frequently, I had left my Mental Health Therapist position at Lyon Martin (I was employed there from September 2011 to December 2013). At Horizons, the project was at a halt, more hours were not yet needed from me, and I was losing income since I had left Lyon Martin at the end of December, and there was not enough work at Horizons to justify the additional 8 hours per week.

January 13, 2014 to February 7, 2014

I focused my attention on what I could do for the program without management assistance. I began promoting the MHSA program at schools and wellness fairs across the community. Also, I focused on providing quality individual therapy to as many clients as my schedule would allow.

January 28, 2014 - Meeting with Nora

I pointed out that most grants have money allocated in the budget for the mental health providers to attend trainings and make sure that all continuing education requirements are up to date. I wanted to verify that there was, in fact, no money allocated for me to attended any seminars or trainings. She said there was \$5,000 in the budget allocated for me but that she had decided to make better use of it (i.e., pay Nadine Burke Harris to give a presentation at our facility). I replied, "Can you do that?" to which Nora replied, "Watch me"

February 7, 2014

Nora asked if I would be able to attend a MHSA Learning Circle meeting on the upcoming Thursday (2/13). This was the first I had learned that these meetings and potential resources existed, even though I had previously asked numerous times for assistance in deciphering the administrative aspect of the grant.

February 13, 2014

I attended a MHSA Learning Circle meeting at the California Institute of Integral Studies (CIIS). At the necting, we were encouraged numerous times to contact the San Francisco City and County Program Managers at 1380 Howard for support. After the meeting, I approached Rhea Bailey, and she was able to tell me that Kimberly Ganade was my Program Grant Manager, and she provided me with Kimberly's contact information. While at the meeting I received a text and numerous phone calls from Rose Fried, Academic Resource Specialist at Horizons claiming that she had just been fired and immediately escorted off the premises.

February 14, 2014

I contacted Kimberly Ganade, and we set up a meeting for Tuesday February 18th,

February 18, 2014

At the meeting, Kimberly was concerned that I had such little information about the grant and support services available to me through the City. She suggested that Nora, herself, and I meet to clarify the situation. She immediately sent an email to Nora and I providing us some meeting times to choose from, and I responded with my availability that same evening.

February 19, 2014

I was in the receptionist's office working on petty cash requests when Nora ordered me into her office. During the meeting, she was harsh, intimidating and inappropriate. She forbade me to ever contact Kimberly Ganade again and stated repeatedly that "Kimberly and I go way back" and that they had a very solid friendship. At this meeting, Nora also reminded me that she was "a wizard at moving money."

February 25, 2014

I received an email from Nora stating that she would like to meet with me on February 27th at 4pm. I wrote back and confirmed that I would be at the meeting and also asked how long it would take because I had a 5pm therapy appointment with a client, and I was scheduled to attend the Horizons Late Night group after that therapy appointment. I wanted to know if I needed to push my appointments back or cancel them. She responded, "The meeting will not take long."

February 27, 2014

I walked into the Nora's office a few minutes before 4pm and ask if we could push the meeting back because we had a young female walk in off the street asking for help finding shelter. It was raining that day, and I wanted to escort the client to OSHUN Women's Drop-in Center before it got too dark. The other Horizons counselors did not feel comfortable escorting her because it seemed she was experiencing some mental health issues. Nora denied the request. I went back and told the young woman to please wait for me, and I would walk her to the shelter after the meeting. The client agreed to do so, I was fired shortly after that and told that I would be escorted off the premises immediately. When asked why I was being fired, Nora replied that she had consulted legal counsel and been advised not to disclose anything further. She then told me that she would walk me to my office and give me a few minutes to grab my personal belongings and then she would escort me out of the building. I was not able to tell the young woman that I would not be able to help her after all, nor was I able to provide therapeutic services to my 5pm client that night or to attend the Late Night group where the youth were expecting me. I was not allowed to contact my clients to notify them, nor was I allowed to take their numbers and contact them at a later time. I found out the following week that only the families that I had specifically contacted or that I had asked other staff to contact (without Nora and Debra's knowledge) had been notified of my departure. The rest of my clients learned I was gone when they showed up to their therapy appointments and saw a note on my office door that I was no longer employed at Horizons. There was no care taken or concern for my clients' well being, and the proper protocol for terminating therapeutic services with clients were completed ignored.

March 4, 2014

Another Horizons staff member was fired and then immediately escorted off of the premises. Jon Wean, Substance Abuse Counselor at Horizons, stated that he had been fired and escorted off the premises without being given an explanation or being allowed the opportunity to have closure his clients and properly transfer them to other counselors at Horizons.

Present day

Jon Wean and I are taking this matter to attorneys, the Mental Health Board, the Labor Board, the whistleblowing program and union representative. We also have names and contact information of other Horizons staff members both past and present that are willing to attest to the information I have provided above. Their contact information and well as any additional details pertaining to this case are available upon request.

San Francisco Juvenile Justice Center - Special Programs for Youth Clinic

SAN FRANCISCO JUVENILE JUSTICE CENTER- SPECIAL PROGRAMS FOR YOUTH CINIC

Hagop Hajian, M.D. Mona Tahsini, MFT Carol Taniguchi, NP



Special Programs for Youth- DPH

Medical care, behavioral health care, and health education; clinic staff is part of Department of Public Health

Medical care available 24 hours / 7 days a week; behavioral health staff available 12 hours / 7 days a week, plus on-call coverage.

Juvenile Hall

- □ Has 8 housing units
- □ Unit 2- girls unit
- □ Unit 1,4,5,6,7- boys unit
- □ Unit 7- "maximum security unit"
- □ On-site school, Woodside Learning Center- run by the San Francisco Unified School District
- □ Full size indoor gym/outside courtyards

Who do we serve?

- □ Average age is 15-16 years old.
- □ The "top three" charges for the youth are: robbery, assault, and theft.
- more serious charges; these youth end up staying at the Typically we have 5-10 youth who are dealing with juvenile hall longer.
- Youth stay in the juvenile hall while their charges are being "adjudicated".
- □ Youth are not "sentenced" to juvenile hall.
- □ Average length of stay is 27 days.

James, 13 years old male

- James is a 13 years old male who came to juvenile hall after he and his two friends pushed a female and took her iPhone.
- During mental health screening done by SPY behavioral health clinician, it was determined that James is in the having school attendance and behavioral problems 7th grade, in special education class, and has been over the past two months.
- Instead of going to school, James has been hanging out with his new "friends" who also don't attend school and instead hang out and smoke weed.

First week at juvenile hall

- James had difficulties with cooperating with the rules of cursed out at the staff, and got in a fight with a peer juvenile hall; he was angry at being in juvenile hall, whom he knew from his neighborhood.
- himself and that he will "do it" if he is not released from James discussed with the SPY behavioral health clinician that he is sad, is worried about the safety of his mother, juvenile hall by his next court date, which is in 3 days. and has been having nightmares over the past week. James also reported he has thoughts about killing

Immediate behavioral health needs for James

- consider suicide precautions, provide crisis management Safety- thoughts about killing self; risk assessment,
- Anxiety-worried about safety of mother; explore about trauma; provide supportive therapy
- ☐ Nightmares- explore about trauma; provide sleep hygiene, relaxation exercises
- Sadness- evaluate for depression; provide therapy services
- hall staff to have a behavior support plan for James; cursed out at staff, fight with peer; work with juvenile Adjustment to juvenile hall and court process- angry, address safety / security concerns

Long-term needs for James

- School placement- revise IEP? Help with school attendance.
- Marijuana use- substance treatment? Increase adult supervision.
- services for James and for family, referral to AIIM □ Mental health- depression, trauma? Therapy Higher (linkage to community mental health)
- Peer group-find pro-social activities for James, like sports, mentorship.

Diagnoses most commonly seen

- □ Depression
- □ Attention-deficit / hyperactivity disorder
- Post-traumatic stress disorder and other trauma related symptoms
- Substance abuse / dependence- cannabis most common
- □ Mental retardation / developmental delays
- Psychotic disorders like schizophrenia (less common)

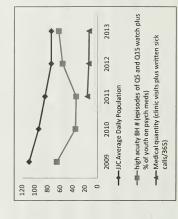
Interventions most commonly utilized

- Psycho-education for youth, family, and juvenile hall staff
- Assessme
- □ Supportive counseling / crisis intervention
- Treatment planning with juvenile hall staff to support youth's individual
- Individual therapy focused on dealing with juvenile hall / court process
- Individual therapy focused on depression and trauma symptoms
- Group therapy dealing with gender / roles / development / mindfulness Evidence-based practices like Trauma Focused CBT, Aggression Replacement Training, Seeking Safety
- Safety interventions like suicide-watch
- Psychiatric medication services

"It takes a village" model

- Juvenile hall staff
- SPY Behavioral Health Staff
- □ SPY Medical Staff
- □ Probation Officer
- Psychological Evaluation ordered by court
- The Court Staff (public defender, district attorney, indge)
- Family
- Community Providers (therapist, mentors)
- SF AIIM Higher (mental health linkage)

Trends









Mayor Gavin Newsom 1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mentalhealthboardsf.org www.mentalhealthboardsf.org www.sfgov.org/mental_health

The Mental Health Board meeting scheduled for Wednesday May 14, 2014

CANCELLED

The next meeting of the Board will be,
Wednesday May 21, 2014,
at
City Hall
One Carlton B. Goodlett Place
Room 278
San Francisco, CA

Future Meetings will be the third Wednesday of the month.

If you have any questions please call 415-255-3474

GOVERNMENT DOCUMENTS DEPT

MAY 1 5 2014

SAN FRANCISCO PUBLIC LIBRARY









Mayor Edwin Lee

1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental health

MEETING OF THE MENTAL HEALTH BOARD AGENDA

Wednesday, May 21, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 6:30 PM – 8:30 PM

Call to Order

Roll Call

Agenda Changes

Item 1.0 Directors Report For discussion.

GOVERNMENT DOCUMENTS DEPT

MAY 1 9 2014

SAN FRANCISCO PUBLIC LIBRARY

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.
1.2 Update on the Horizon Unlimited Program Investigation

1.3 Public Comment

Item 2.0 Mental Health Service Act Updates and Public Hearings

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

- 2.1 Mental Health Services Act Updates
- 2.2 Public Comment

Item 3.0 Action Items

For discussion and action.

- 3.1 Public comment
- 3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of April 9, 2014 be approved as submitted.
- 3.3 Proposed Resolution (MHB 04-2014): Be it resolved the Mental Health Board advocates full funding in 2014 to build a safety barrier net to prevent suicides at the Golden Gate Bridge.

Item 4.0 Presentation: Mental Health Issues of Seniors, Dr. Patrick Arbore, Institute on Aging, National Organization

- 4.1 Presentation: Mental Health Issues of Seniors, Dr. Patrick Arbore, Institute on Aging, National Organization
- 4.2 Public Comment

Item 5.0 Reports For discussion

- 5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.
- 5.2 Report of the Co-Chairs of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.
- 5.3 Dr. David Elliott Report: Mayor's CARE Advisory Taskforce
- 5.4 Committee Reports: Assisted Outpatient Treatment, Chair: Terry Bohrer
- 5.5 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.
- 5.6 Report by members of the Board on their activities on behalf of the Board.
- 5.7 New business Suggestions for future agenda items to be referred to the Executive Committee.
- 5.8 Public comment.

6.0 Public Comment

Adjournment

DISABILITY ACCESS

- 1. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and meeting rooms are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 2. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
- 3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, $3^{\rm rd}$ Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
- 4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
- 5. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689 Telephone: (415)554-7724 Fax: 4(15) 554-5163 E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

PROPOSED RESOLUTION (MHB 04-2014): Be It Resolved the Mental Health Board advocates full funding in 2014 to build a safety barrier net to prevent suicides at the Golden Gate Bridge.

WHEREAS, the number of suicide deaths by jumping off the Golden Gate Bridge continues to rise;

WHEREAS, in 2013 more people jumped to their deaths than at any time in the past 40 years;

WHEREAS, it is estimated that between 1,600 people and up to 2,400 have died by jumping off the Golden Gate Bridge since its inception;

WHEREAS, there are 11 crisis counseling telephones on the bridge connected to trained suicide prevention counselors; additionally, California Highway Patrol officers stationed at the bridge are trained and highly skilled in suicide prevention techniques;

WHEREAS, the installation of a safety net was approved in 2008 by the Golden Gate Bridge Highway and Transportation District and the Metropolitan Transportation Commission after the determination the net will have no significant impact on the environment;

WHEREAS, it has been estimated in 2014, \$66 million is needed to construct a suicide net:

WHEREAS, building of the barrier net 20 feet below the pedestrian walkway could commence six weeks after the completion of the final design;

WHEREAS, a blended funding plan, utilizing local, regional, State and Federal funding, needs to be developed and approved;

WHEREAS, research has demonstrated if access to a single means of suicide is restricted, suicides decrease;

WHEREAS, nets and barriers at other jumping sites have saved lives (e.g., Bern, Switzerland; Bristol, England; Augusta, Maine);

WHEREAS, statistics have shown 90 percent of people who have survived a jump from the Golden Gate Bridge did not die later by suicide;

WHEREAS, a study of people stopped during a Golden Gate Bridge suicide attempt found 94 percent were still alive or had died from natural causes;

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco urges the Golden Gate Bridge Highway and Transportation Board and the Metropolitan Transportation Commission to immediately allocate funds for the Golden Gate Bridge barrier net in 2014 and assure immediate construction.



SAN FRANCISCO MENTAL HEALTH BOARD



1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental health

Adopted Minutes

Mental Health Board
Wednesday, May21, 2014
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
San Francisco, CA
6:30 PM - 8:30 PM

GOVERNMENT DOCUMENTO DEPT

DEC 17 291

AN FRANCIS VA PUBLIC LIBRARY

BOARD MEMBERS PRESENT: David Elliott Lewis, PhD, Co-Chair; Wendy James, Vice Chair; Virginia S. Lewis, MA, LCSW, Secretary; Terry Bohrer, RN, MSW, CLNC; Kara Chien, JD; Sgt. Kelly Kruger; Andre Moore; Harriette Stevens, EdD; Vanae Tran; Alphonse Vinh, M.S.; Idell Wilson; and Errol Wishom.

BOARD MEMBERS ON LEAVE: Ellis Joseph, MBA, Co-Chair

BOARD MEMBERS ABSENT: Melody Daniel, MFT; Lena Miller, MSW, Terence Patterson, EdD, ABPP

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of CBHS; Gene Porfido; Larry Edmond; Carolyn Kojima, Institute on Aging; Larry Evans; Marilynn J. Isabell and two members of the public.

CALL TO ORDER

Ms. James called the meeting of the Mental Health Board to order at 6:45 PM.

Dr. Harriette Stevens is the newest board member who was just appointed by Supervisor Mark Farrell for his family member seat. She thanked Virginia Lewis for recruiting Dr. Stevens for the board.

ROLL CALL

Ms. Brooke called the roll

AGENDA CHANGES

ITEM 1.0 DIRECTOR'S REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services. Ms. Robinson announced that Supervisor Mark Farrell is pushing forward on implementing Laura's Law in San Francisco, which would provide court ordered outpatient assisted treatment. The law could become effective in fiscal year 2015.

She reported that Mayor Lee's Contact Assess Recover and Ensure success (CARE) Task Force just concluded in May 2014. Mental Health Board members Dr. David Elliott Lewis and Ms. Kara Chien and Inspector Kelly Kruger were on the CARE advisory body. The final CARE report is available online at the San Francisco Department of Public Health.

Although the full report is publically available, she highlighted a few CARE recommendations. To engage the pre-treatment population, a psychiatric respite program was recommended. Community Behavioral Health Services (CBHS) will operate a hybrid respite model composed of peer specialists and credentialed mental health professionals. The operation will include a family liaison position and an intensive case management team. The feedback CARE got included a request for family involvement and support too. There are plans to increase full service partnerships and intensive case management to support more outpatient clients. Each clinician will have about 14-15 clients. Other recommendations that came out of the task force were expanding crisis intervention training, homeless outreach services, safe housing and harm reduction care.

Piloting a multi-disciplinary, multi-departmental collaborative is another recommendation. Looking at ways to share data, the team works with individuals who often are dually diagnosed and who failed to accessfully treat or to adequately engage in their own recovery and wellbeing. Patients and clients at risk of suffering adverse health outcomes are triaged with medications not by their homeless status. Primary care, substance abuse and emergency medical response collaborate to help CARE population with a continuum of care and to re-engage patients/clients in their communities so they can live fulfilling lives.

Dr. David Elliott Lewis commented that he would like to see a peer specialist on the multi-disciplinary team.

Ms. Robinson replied "Yes" affirmatively.

Dr. David Elliott Lewis said he was on the CARE task force but wanted to know about the Mayor's personal position.

Ms. Robinson said the Mayor was very impressed with psychiatric respite and multi-disciplinary collaboration.

1.2 Update on the Horizon Unlimited Program Investigation

Ms. Robinson reported that she has not completed her review of the Horizon Unlimited program. She said there are three departments still investigating the program. But she will keep the board informed once the investigations are complete in June.

Ms. Virginia Lewis asked whether it is "ok" for board members to still do the site visit during the investigative period.

Ms. Robinson said it is "Ok."

1.3 Public Comment

Monthly Director's Report May 2014

1. Mental Health Matters Day

May 13th is Mental Health Matters Day (www.EachMindMatters.org) and its celebration will take place at the Capitol Building's South Lawn in Sacramento from 10:30am to 12:30pm. This event is hosted by Each Mind Matters: California's Mental Health Movement and the California Mental Health Services Authority (www.CalMHSA.org).

In addition, here is a sampling of Each Mind Matters resources that can elevate School-Based Mental Health Promotion efforts and Population Focused Communities: Health Promotion & Early Intervention programs.

School-Based Mental Health Promotion:

- WalkinOurShoes.org and PonteEnMisZapatos.org (tween target audience)
- Animated narratives of hope and resilience from TAY: http://walkinourshoes.org/#/ourstories and http://ponteenmiszapatos.org/#/nuestras-historias
- Resources for parents and teachers: http://walkinourshoes.org/forgrownups and http://ponteenmiszapatos.org/para-adultos

Population-Focused Mental Health Promotion:

- Each Mind Matters Contact Vignettes A gallery of short stories about those who have overcome mental health challenges. Here are just a few examples:
 - http://www.eachmindmatters.org/portfolio/moniques-story/ (African American)
 - http://www.eachmindmatters.org/portfolio/chua-cher-vangs-story/ (Hmong)
 - http://www.eachmindmatters.org/portfolio/ianets-story/ (Native American)
 - http://www.eachmindmatters.org/portfolio/la-historia-de-cristina-cristinas-story-en-espanol/ (Latina)
 - http://www.eachmindmatters.org/portfolio/joes-story/ (Veteran experience)

For broader audiences:

ReachOutHere.com and BuscaApoyo.org - Resources for young people ages 14-24 that include facts and an online forum where they can share information and support one another.

SuicideIsPreventable.org - The home of "Know the Signs" suicide prevention campaign.

For full details about Each Mind Matters and its local Bay Area resources, contact Northern California Outreach Coordinator Chris Norem at (916) 502-3994 or Chris.Norem@eachmindmatters.org.

2. New Mental Health Resources for Asian Pacific Islander Community

New Mental Health Resources for Asian Pacific Islander (API) Community: Solsken PR and Runyon Saltzman & Einhorn (RS&E) collaborated to develop two mental health resources for the Do you have news to share? Send submissions to Jenna Thompson at Jenna@paschalroth.com. CallMHSA is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CallMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop.

63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and

all of California's diverse communities. Available in Hmong, Lao, Khmer and Mien, the documents include a vocabulary matrix with an index of common mental health terms and translations, and a fact sheet with cultural myths and facts. These materials can be found at

http://www.speakourminds.org/resource-categories/to-say/ and can be reprinted for county and program partner use. Contact: Cindy Cha at ccn@solskenpr.com with any questions.

3. David Mineta, Deputy Director for Demand Reduction in the White House visits CBHS

On April 29th David Mineta, Deputy Director for Demand Reduction in the White House Office of National Drug Control Policy, paid a visit to CBHS. He toured OBIC, TAP, and CBHS pharmacy, and heard about how our substance use programs integrate with mental health and primary care. He also visited primary care services at SFGH to learn about their SBIRT program.

4. Data on Transgender Clients

Dr. Annesa Flentje and Dr. Jim Sorenson recently published data on transgender clients who received drug treatment services through the San Francisco substance abuse treatment system. These UCSF researchers worked with Tom Bleecker and Alice Gleghorn of CBHS to conduct this study. The abstract for this important study is below.

Abstract

Little is known about the needs or characteristics of transgender individuals in substance abuse treatment settings. Transgender (n=199) and non-transgender (cisgender, n= 13,440) individuals were compared on psychosocial factors related to treatment, health risk behaviors, medical and mental health status and utilization, and substance use behaviors within a database that documented individuals entering substance abuse treatment in San Francisco, CA from 2007 to 2009 using logistic and linear regression analyses (run separately by identified gender). Transgender men (assigned birth sex of female) differed from cisgender men across many psychosocial factors, including having more recent employment, less legal system involvement, greater incidence of living with a substance abuser, and greater family conflict, while transgender women (assigned birth sex of male) were less likely to have minor children than cisgender women. Transgender women reported greater needle use, and HIV testing rates were greater among transgender women.

Transgender men and women reported higher rates of physical health problems, mental health diagnoses, and psychiatric medications, but there were no differences in service utilization. There were no differences in substance use behaviors except that transgender women were more likely to endorse primary methamphetamine use. Transgender individuals evidence unique strengths and challenges that could inform targeted services in substance abuse treatment.

5. CBHS Pharmacy

CBHS Clinical Pharmacists provided training about improving access to intranasal naloxone for opioid overdose prevention at the national CPNP (College of Psychiatric & Neurologic Pharmacists) Conference April 28-30, 2014. There was strong interest at Dr. James Gasper's well-attended lecture, "Improving Naloxone Access to Promote Opioid Safety." Attached is the poster presentation, "Naloxone Prescribing by Psychiatric Clinical Pharmacists for Patients Receiving Opioid Agonist Treatment."

See Attachment 1.

6. Children, Youth and Families

The Children and Youth System of Care (CYF) has spent the month of April focused on implementation, consolidation and infrastructure. CYF is in the process of implementing two Juvenile Justice Grants and one MHSA grant. Each of these are intended to change the way we deliver services and continue to work towards a more integrated, higher quality and more efficient service system. Our CBO partners and Civil Service Clinics have been actively participating in a yearlong process to develop priorities, practices and policies that will help foster greater flow of clients in and out of behavioral health care; and considering practices that may help serve more clients more effectively and ensure that services are delivered equitably so that the underserved, the poorly served and the unserved have better access to effective and culturally responsive services.

CYF managers have been preparing for the audit and are now at work in developing a plan of correction. It is clear that the scrutiny from the federal government passed on to the state has now landed with the counties. While this may be difficult, it also provides an opportunity to reassess, redefine and potentially redesign how we deliver some of our most intensive services.

San Francisco Public Health has been recognized for its efforts to develop a Trauma Informed System. Along with representatives from around the country including members of the Obama Administration, states, tribes, counties, non-profits and foundations, Ken Epstein PhD, LCSW, was invited to participate in an all-day meeting in Los Angeles strategizing about developing a national agenda regarding the impact of trauma on children, youth and families. The focus of the meeting was on sharing program specific, leadership and policy objectives to move this issue into the national spotlight. At the meeting we shared San Francisco's efforts to develop a trauma informed system, which has begun to roll out through the initiation of a mandatory training for all of Public Health workforce. Thus far there have been three trainings and this will continue for the next 18 months as we train the workforce, develop and support Trauma Informed Champions in all departments of DPH, and develop a train-the-trainer model to sustain and replicate the training.

7. LEGACY (Formerly Children's System of Care)

April has been a busy month for CSOC as we continue to roll out our new name: L.E.G.A.C.Y. – Lifting and Empowering Generations of Adults, Children & Youth through peer support. We did outreach at several communities and health fairs this past month, including Alice Griffith Housing Development, Heritage Homes

Housing Development and Denman Middle School.

LEGACY welcomed the new Family Involvement Team (FIT) Coordinator, Monique El-Amin. Monique brings with her a wealth of knowledge on community outreach and referrals as well as experience in mental health and housing stabilization. The FIT team will be starting its second medicinal drumming group in June.

The Youth Development Team (YDT) just concluded their Healing from Violence workshop. The participants were all transitional aged youth who have been personally affected by violence. YDT also partnered with B-Majic and 3rd St Youth Clinic to host 15 transitional aged youth in participating in the Violence Interrupters curriculum. This was followed by a discussion as to whether or not this violence prevention program would be an effective tool in ameliorating violence in the Southeast sector of the city,

8. Chinatown Child Development Center

In preparation for the retirement of Nancy Lim-Yee, Program Director at Chinatown Child Development Center (CCDC), at the end of June 2014, the announcement of an interim Program Director was made on April 2, 2014. Mr. Joe Ho-Yin Lai, LMFT, will assume the role of interim Program Director at CCDC after Nancy retires, and will be working with Nancy during the next two months to make the transition as smooth as possible. Thanks to Joe for his willingness to step into this role!

9. Early Childhood Mental Health Consultation Initiative

BHS and four contracted mental health consultation agencies met with the SFUSD Early Education Department this month to discuss how well mental health consultation is going at 29 district preschools. In addition to sharing success stories about family engagement, outcomes from last fiscal year were highlighted. In FY 12-13, 1487 enrolled preschool children, 237 district preschool teachers and other school staff, and 770 parents were recipients of mental health consultation at district sites across the city.

Of those SFUSD staff who returned satisfaction surveys:

- a) 95% reported that the mental health consultant helped increase their understanding of children's emotional needs.
- b) 94% reported that the mental health consultant increased their understanding of children's development.
- c) 95% reported that working with the mental health consultant helped them respond more effectively to children's behavior.
- d) 93% reported that the mental health consultant helped them communicate more effectively with parents of children who have challenging behaviors.
- e) 96% were satisfied with the services of the mental health consultant.

10. Foster Care Mental Health

Foster Care Mental Health is pleased to welcome Niki Smith, MSW, ASW and Emily Meneses, MSW to our team. Niki has been a case manager for FCMH for over 4.5 years and will transition into her new role as a psychiatric social worker in May. Emily, a recent graduate of Smith College, will join the team as a Spanish speaking psychiatric social worker. Both have child advocacy experience, as well as experience providing trauma informed care for children and families. In other news, we are eagerly awaiting the arrival of our Therapeutic Visitation Services (TVS) Team, who will be moving from their current offices on South Van Ness to our FCMH office on 3rd Street in the Bayview Plaza.

11. Mental Health Services Act Crisis Triage Grant

San Francisco was awarded a 14 million dollar, 4 year grant to provide crisis triage services to children, youth, families and adults. We are currently organizing the components of the grant and expect to begin to initiate parts in fiscal year 13-14 and the rest in fiscal year 14-15. The new services will include mobile multidisciplinary crisis teams providing focused treatment to children and youth and their family members impacted by violence and/or experiencing acute psychiatric issues. In addition there will be a 23-hour crisis triage stabilization center for children and youth, which will be youth and family-centered. San Francisco is increasing its capacity to divert youth from psychiatric hospitalization by further developing hospital

diversion beds. Finally, there will be a 24-hour warm line staffed by peers and clinical staff to provide subacute advice and systems navigation. All of these services represent gaps in our current system.

12. Mission Family Center

April has been a very productive month for Mission Family Center (MFC). We are pleased that our facility is being upgraded to make it a more staff and family-friendly place. One example is the hard work of MFC staff in reorganizing our waiting room to reflect a much more welcoming play area. MFC has successfully reduced the wait list by 33% since January of this year. We also celebrated Administrative Professionals Day in honor of Augusto Guerra who has been holding down the fort and all things "front-desk" since January. MFC participated as a group in the Trauma Informed Systems Initiative training on April 24th and will be working to further implement TIS principles and tools going forward. We have been very fortunate to partner with OTTP and seven mutual clients to enhance positive outcomes for those youth. Last but certainly not least, MFC is pleased to announce that Gilma Cruz-Montes, ASW joined us as a clinician beginning April 28th, 2014!

13. Southeast Child/Family Therapy Center

Five staff attended a training in New Mexico at the National Network to End Disparities paid for by a grant from SAMHSA. The training was called "Preventing Long Term Anger and Aggression in Youth with a focus on African American Youth." We are working toward running groups for both youth and parents using the interventions they all learned. Two new psychiatric social workers started this month: Daniel Meisenheimer and Luisa Villagomez. Thanks to them, most of the families waiting have been assigned. We continue to assess new clients. 23 initial assessments were scheduled in April and at least 18 of these have been completed.

14. Quality Management

Quality Management conducted a survey of youth and family engagement and satisfaction between May 21st and June 1st, 2013. The survey contained 20 items covering satisfaction and client-therapist engagement. It also included a section with questions asking whether the youth is doing better in school, home, or in public as a result of therapy. A total of 1763 forms were returned representing responses on 1212 unique youth, 680 from youth age 12 through 17, 1028 from caregivers of youth age six through 17, and 55 from caregivers of children birth through five years. Item responses were "Strongly Disagree," to "Strongly Agree." Surveys with 70% or more items marked "Agree" or "Strongly Agree" were considered satisfied. Overall, Child Youth & Family Program responses indicated high satisfaction (88.496).

Reports were provided to individual programs with information about the response rate and feedback on overall satisfaction, and whether the program differed significantly from others. Detail was provided at the item level through tables and charts showing the proportion of "Strongly Disagree" to "Strongly Agree" satisfaction responses.

A system-wide Child Youth and Family report, and individual reports for each program, were posted on the San Francisco Department of Public Health web site:

http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSQualityMgmt.asp

15. CIMH Learning Collaborative: Advancing Recovery Practice

Since October of last year, Sunset Mental Health Clinic and Mission A.C.T. have been participating in the California Institute of Mental Health's (CIMH's) Advancing Recovery Practice (ARC) learning collaborative—which is 15-month quality improvement effort wherein programs make fundamental changes that promote recovery for individuals with serious mental illness. These innovative changes are iteratively put into place by the ARC learning teams at each program, with the help of ongoing content support from CIMH, weekly team meetings as well as web conferences with other participating counties, and five quarterly state-wide leaning sessions, from which the teams learn how to implement rapid-cycle tests of change toward improving their programs' ability to help clients develop meaningful, self-directed lives in their communities with a focus on improved health, housing, purpose in daily life, and relationships in their community.

Halfway into the learning collaborative, Sunset MH and Mission A.C.T. team members are increasing their belief and understanding that recovery is possible for all people diagnosed with serious mental health issues. They are learning how to partner with the client to identify treatment goals that are meaningful to the client, and use highly individualized and specific client strengths. In addition, the teams are making use of staff supervisory supports and skill development methods, including the strengths-based group supervision, wherein team members brainstorm with the primary clinician to identify usable client strengths and small, measurable steps, towards achieving client goals.

16. Redesigning the PURQC

The CYF and Adult/Older-Adult CBHS Systems-of-Care are initiating a planning process to redesign the PURQC process within CBHS mental health outpatient programs. PURQC stands for Program Utilization Review and Quality Committee. PURQCs meet weekly in order to authorize requested levels-of-service utilization for clients, review charts for compliance with regulations and standards for documentation set by Medi-Cal and CBHS, and review charts for quality-of-care.

The redesign will work on the following concerns and issues that have been identified in the current PURQC process:

- There is limited amount of time to review a high volume of charts coming in weekly into PURQC for
 renewal of utilization authorization, which may be leading to a poor quality of review across the three
 areas of review utilization authorization, compliance and quality. What is an alternative protocol to
 determine what charts are required to be PURQCd that will result in a lesser number of charts having
 to be PURQCd weekly, but with the opportunity to have more time to review each chart, and
 therefore more quality in the chart reviews?
- There is no monitoring to find out if the level of intensity/frequency of services authorized by the PURQC is actually implemented.
- It is not certain whether the results of the reviews of their charts by the PURQC are adequately brought to the attention of clinicians, and that adequate follow-up on compliance or quality-of-care issues, to foster improvement in areas of weaknesses, are done with clinicians.
- The results of the PURQC review of charts in the area of compliance need to be followed up, and necessary improvement in the clinician's practice monitored and ensured.

Quality-of-Care chart reviews and discussions with the clinicians may be lacking in the PURQC weekly chart audits. A quality-oriented chart review looks for indicators of a Wellness-Recovery approach to providing care. How can the Quality of Care aspect of the PURQC chart review be strengthened within the weekly PURQC meetings? Or should there be a separate arena instead for

Quality of Care chart reviews, via other case conference venues or strengths-based group supervision, taking it totally outside of the weekly PURQC meetings which can then focus solely on Utilization Authorization and Compliance?

The PURQC redesign teams will start meeting soon and will complete their work and recommendations by September 2014.

Tell us your clinic story and we will add it to the upcoming Director's Reports.

Past issues of the CBHS Monthly Director's Report are available at: http://www.sfdph.org/dph/comupg/oservices/mentalHith/CBHS/CBHSdirRpts.asp To receive this Monthly Report via e-mail, please e-mail reanna,albett@sfdph.org

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates: Mental Health Services Act Annual Update

Ms. Robinson announced that the MHSA annual report has been posted and is available for the public for a thirty-day review. Marlo Simpson, Director of San Francisco Mental Health Services Act programs, will give the report at the June 18, 2014 meeting.

Many people are too ashamed or embarrassed, unfortunately, because of the stigma associated with mental illness, to seek help. National Mental Health Awareness Month has been observed since 1949. The Mental Health Matters Day 2014 event was on May 13th, 2014 at the Capitol Building in Sacramento, CA. The bus ride from San Francisco to the State's Capital for the celebration was very successful.

- Ms. Wilson asked about positions with 9924 status.
- Ms. Robinson said the human resources director attended meetings, and she believed that the 9924 status will be converted to Health Worker1.

2.2 Public comment

- Mr. Porfido said he is the chair of the Tom Waddell Health Center board and shared that Homeless Outreach Team's (HOT) recent updates mentioned that the team is doing more outreach services around 50 Ivy Street.
- Mr. Edmond he has gone to the Tom Waddell Health Center and has lived in a single room occupancy unit (SRO) hotel. He would like to see more veterans become more engaged in mental health services, since many of them are suffering loneliness and are insolating themselves from communities. Many veterans are loitering around the Tenderloin.
- Ms. Robinson said at the June annual MHSA update reporting there will be a three-year plan for veterans and encouraged Mr. Edmond to attend the meeting.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

- Mr. Edmond shared that he attended a suicide prevention meeting and learned that most suicides are completed on the Sausalito-Marin side rather than the San Francisco side of the Golden Gate Bridge. He proposed a colorful suicide intervention and prevention van roaming around in San Francisco. The van could proactively do outreach, be dispatched or be waved down to help at-risk people.
- 3.2 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of April 9th, 2014 be approved as submitted.

Ms. Bohrer made two non-substantive comments on page 13:

- "Un" prefix should be added to "conscionable" to be read as "unconscionable under Mr. Davis's statement."
- 2. The meeting was adjourned at 8:30 PM not 10:30 PM

The approval of the Minutes was postponed until the June 2014 meeting because there were questions regarding naming of some of the members of the public.

3.3 PROPOSED RESOLUTION (MHB 04-2014): Be it resolved the Mental Health Board advocates full funding in 2014 to build a safety barrier net to prevent suicides at the Golden Gate Bridge.

Dr. David Elliott Lewis shared that most suicides committed off the Golden Gate Bridge are facing the City view rather than the Pacific Ocean view.

Ms. Wilson believed there are other ways to spend \$66 million on mental health services than just on a net barrier to help people get through suicidal thoughts.

PROPOSED RESOLUTION (MHB 2014-04): Be It Resolved the Mental Health Board advocates full funding in 2014 to build a safety barrier net to prevent suicides at the Golden Gate Bridge.

WHEREAS, the number of suicide deaths by jumping off the Golden Gate Bridge continues to rise.

WHEREAS, in 2013 more people jumped to their deaths than at any time in the past 40 years.

WHEREAS, it is estimated 1,600 people and up to 2,400 have died by jumping off the bridge since its inception.

WHEREAS, there are 11 crisis counseling telephones on the bridge connected to trained suicide prevention counselors; additionally, California Highway Patrol officers stationed at the Bride are trained and highly skilled in suicide prevention techniques.

WHEREAS, the installation of a safety net was approved in 2008 by the Golden Gate Bridge Highway and Transportation District and the Metropolitan Transportation Commission after the determination the net will have no significant impact on the environment.

WHEREAS, it has been estimated in 2014, \$66 million is needed to construct of a suicide net. WHEREAS, building of the barrier net 20 feet below the pedestrian walkway could commence six weeks after the completion of the final design.

WHEREAS, a blended funding plan, utilizing local, regional, State and Federal funding, needs to be developed and approved.

WHEREAS, research has demonstrated if access to a single means of suicide is restricted, suicides decrease.

WHEREAS, nets and barriers at other jumping sites have saved lives (e.g., Bern, Switzerland; Bristol, England; Augusta, Maine).

WHEREAS, statistics have shown 90 percent of people who have survived a jump from the Golden Gate Bridge did not die later by suicide.

WHEREAS, a study of people stopped during a Bridge suicide attempt found 94 percent were still alive or had died from natural causes.

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco urges the Golden Gate Bridge Highway and Transportation Board and the Metropolitan Transportation Commission to

immediately allocate funds for the Golden Gate Bridge barrier net in 2014 and assure immediate construction

David Elliott Lewis, PhD. Wendy James, Virginia S. Lewis, Terry Bohrer, Kara Chien., Sgt. Kelly Kruger; Andre Moore; Alphonse Vinh, Errol Wishom approve d the resolution. Vanae Tran and Idell Wilson opposed the resolution

ITEM 4.0 PRESENTATION: MENTAL HEALTH ISSUES OF SENIORS, DR. PATRICK ARBORE, INSTITUTE ON AGING, NATIONAL ORGANIZATION

Dr. David Elliott Lewis thanked Alphonse Vinh for bringing tonight's presentation.

4.1 Presentation: Mental Health Issues of Seniors, Dr. Patrick Arbore, Institute on Aging, National Organization

At the end of the minutes is Dr. Arbore's presentation handout.

Dr. Arbore is the director and founder of the Friendship Line. Since 1973, the Line has never gone unanswered, and there are lots of volunteers to staff 24x7. The Line acts both as a hotline and warmline for older people living independently but in extreme isolation and for the younger disabled population. The Line was accredited by the America Suicide Accreditation.

Besides providing crisis intervention and ongoing connection for callers, Institute on Aging (IOA) staff, working on the hotline try to proactively anticipate or assess vulnerable people who are at-risk for suicide to prevent them from getting to that point. This means doing follow-up calls, and engaging in conversations during challenging times such as grieving, loneliness and depression. For some people the hour they feel despair can be an early evening, and for other individuals the hour can be another different time.

On the warmline, volunteers provide emotional support to callers living alone who are susceptible to falls and feel very vulnerable that people might not find them. Volunteers provide reassurance with a pre-arrangement for either a call-in or check-in for well-being checks. In a few situations, our volunteers make courtesy calls to clients to remind them to take their medications.

Generally, 1 out of 25 attempts result in a suicide success. But, for people 65 or older their suicide rate is about 25% meaning 1 suicide success out of 4 attempts. For 24 years old, it is usually 1 suicide completion out of 100 to 200 attempts.

Usually clinical depression can drive a person to recurrent suicide ideation. Society, as a whole, tends to be passionate about preventing suicide in young people. However, there is less passion about suicides in the elderly. A few people just excuse elderly suicide as self-determination. Thus, suicide is not treated in an equitable fashion for the young and the elderly.

Unlike the Asian culture, where there is a reverence for older adults, there is lots of ageism in the Western society. This discrimination translates into diagnosing depression in older people as just the inevitable burden of being old. This discrimination just perpetuates the myth, so many older people end up slipping through the cracks in the healthcare and social support systems. Older people tend to be vague about how they communicate depression or suicide ideation. Older people are not as ambiguous about suicide as young people are in their intention. Usually, fire arms are commonly utilized, then hanging is next.

Friendship Line usually gets about 300 calls per month with 60% out-going calls to people. About 30 years ago, it was about 40 calls per month. People are encouraged to call back.

Besides a Saturday morning drop-in for grief groups, IOA has about 78 volunteers with three staff per shift. Language capability and cultural competency includes Chinese, Filipino, and Spanish. The Department of Aging of San Francisco has provided funding. Our Cal MHSA grant is drying out and becoming less. There is hope for Cal-MHSA grant renewal for a 5-year grant by February 2015.

Dr. David Elliott Lewis said chronic health issues or complex medication regiments can cause mild to severe extreme isolation.

Dr. Arbor said hearing loss is a form of extreme isolation that can lead to loneliness and debilitating depression. Friendship Line clients get emotional support calls.

About 1-3 referrals are made to 911 a year. Elder abuse whether emotionally, physically or financially by a family member is not commonly acknowledged by society.

For example, there is a nephew harassing a 103 years old woman, who contacted the Friendship Line. Her nephew does not live with her, but he made attempts to terminate her 16 year relationship with a care giver. So Friendship line reported the situation to APS for follow up investigation.

In another situation, an adult child locked the elderly parent inside the room for fear the parent might start a fire in the house when the adult child is working. As of this year, eleven APS reports were made of elder abuse.

Ms. Bohrer asked about budgets and operational needs.

Dr. Arbor said Cal-MHSA has been supporting about five paid positions with a budget of \$500,000. The allocation of positions are between full-timers and part-timers. They are 1 part-time staff, 2 lead crisis line, 2 Friendship Line, an outreach worker who will laid off, a division director and a part-time LCSW.

He would like see more support for rural counties in the State, since people in rural counties do not have easy access to suicide prevention. It means Friendship Line's resources are being diverted from helping San Francisco to providing a life line for many out-of-county clients at-risk of suicide.

Currently IOA is operating in a bridge year between funding sources. About \$20,000 is generated through fund raisings. Though it got about \$175,000, it needs about \$150,000 more to break even.

Ms. James asked about training for volunteers.

Dr. Arbor said training is all day on Saturday and Sunday. Trainees have to observe 2-4 shifts and each shift is about four hours long. There is a training coming up at the end of May 2014.

No special skills are needed in particular other than having an open heart and care about people!

Ms. Stevens asked about depression in older people living with others.

Dr. Arbør said that on the 30th of the month, he is giving a talk on loneliness and extreme isolation. He emphasized that there is an insidious loneliness that comes from an emotionally unavailable partner who refuses to communicate.

For example, there was a case where a caller shared that her partner who was in the room physically but for years just gave her a cold shoulder and refused to talk to her at all. Their relationship was an extreme disconnection. She has called the Line just to hear another human voice and just to receive reassurances.

Ms. Chien thanked Dr. Arbor and wanted to know if volunteers need any special credentials.

Dr. Arbor said "No, just have an open heart and a sense of appreciation and respect for older adults' life time achievements and experiences."

4.2 Public Comment

Public member wondered what happened to seniors with un-treated post-traumatic stress disorder (PTSD.)

Dr. Arbor said there is a rise in PTSD. People with PTSD do not feel that other people can comprehend the disease itself. Thus PTSD has a lasting impact of trauma.

Mr. Porfido shared that many of the discussed issues were very disheartening. He was taught to show respect for the elderly, but he feels culturally, especially in the western society, there is an under appreciation, sometimes outright hostility towards older people, and wanted to know if there is any way to educate the public about ageism.

Dr. Arbor said education is transformative.

Mr. Porfido wondered why there are more female callers than males.

Dr. Arbor said culturally males resist asking for help because it triggers a sense of shame that questions their hyper-masculinity.

Public member suggested there should be special consideration for black people who often age faster than non-black peers due to cumulative stress from socioeconomic discrimination at institutional levels.

Public member said she is a volunteer at the Friendship Line and found it to be very rewarding and culturally humbling. She feels, now, she can relate to people better and respect her parents more from the trainings.

Dr. Arbor said some people don't have deep empathy for the elderly, and trainings give volunteers an opportunity to learn empathy.

ITEM 5.0 REPORTS

For discussion

Dr. David Elliott Lewis announced that Ms. Brooke just recently lost her mother on Saturday May 3, 2014.

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke reported the followings.

- Thank you for all of your condolences on my mother's death.
- Family members and consumers needed for California Institute for Mental Health (CiMH) Statewide focus group on involuntary treatment
- Data Notebook 2014 (the packet has the State of California)
- Disaster Mental Health Training
- Orientation for new board members
- She described the organization of San Francisco Mental Health Education Funds, Inc. which staffs and operated the Mental Health Board.
- She announced the next board meeting is Wednesday 6/18/2014.

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Dr. David Elliott Lewis announced that the Executive Committee has changed its meeting time to the daytime. The next regular meeting is Thursday, June 19, 2014 at 11:00 AM in Room 424 at 1380 Howard Street. However, due to the change in the dates of the full board meeting and the way the dates fell this month, we will be holding an additional brief Executive Committee meeting the first week of June to create the June board meeting agenda. All board members as well as members of the public are welcome to attend.

He also introduced Ms. Stevens to introduce herself to the board.

Ms. Stevens is not only a mathematics consultant and a professor but a credentialed counselor as well. San Francisco has been her home for 35 years, and she has two children. She encourages and inspires her students with learning differences to empower themselves to enjoy learning about mathematics and to apply themselves to living up to their full potential.

Dr. David Elliott Lewis reported that he is involved in a peer based outreach group for the chronically homeless on 6th St. The group offers stipends to get homeless people engaged in services.

He is also part of the emerging group against Laura's Law that was recently reintroduced by Supervisor Mark Farrell.

5.3 Dr. David Elliott Lewis Report: Mayor's CARE Advisory Taskforce

Dr. David Elliott Lewis said he is very heartened by Mayor Lee's receptiveness to respite care and a multidisciplinary team. He reported the CARE advisory body recognized conflicts among more consumer peer based focus, outpatient assisted treatment (AOT) and more resources for care. He encourages the board to review the CARE report.

5.4 Committee Reports: Assisted Outreach Treatment, Chair: Terry Bohrer

Ms. Bohrer gave a report on the Assisted Outreach Treatment Committee. She said the committee met on Friday May 9th, 2014 at 1380 Howard Street in room 424.

She said 10 people were involved during the months of April and May. She would like the board to come up with a consensus position. She suggested an AOT resolution to put forth the summary of the Mental Health Board official position on AOT.

5.5 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board bedieves should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

No issues or people were highlighted.

5.6 Report by members of the Board on their activities on behalf of the Board.

No members spoke.

5.7 New business - Suggestions for future agenda items to be referred to the Executive Committee.

No suggestions were made.

5.8 Public comment.

Ms. Isabell stated she was very impressed with tonight's presentation.

ITEM 6.0 PUBLIC COMMENT

No public comments.

ADJOURNMENT

Meeting adjourned at 8:45 PM.

Dr. Patrick Arbore's Institute on Aging (IOA) presentation







Mayor Edwin Lee

1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 <u>mhb@mhbsf.org</u> www.mhbsf.org www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD AGENDA

Wednesday, June 18, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 6:30 PM – 8:30 PM

Call to Order

Roll Call

Agenda Changes

Item 1.0 Directors Report For discussion.

GOVERNMENT DOCUMENTS DEPT

DEC 17 28"

SAN FRANCISCO PUBLIC LIBRARY

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.
1.2 Public Comment

Item 2.0 Mental Health Service Act Updates and Public Hearings For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates: Public Hearing

Mental Health Services Act Annual Update: Marlo Simmons, Director, San Francisco Mental Health Services Act Programs

2.2 Public Comment

Item 3.0 Action Items

For discussion and action.

- 3.1 Public comment
- 3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of May 21, 2014 be approved as submitted.

Item 4.0 Reports

For discussion

- 4.1 Discussion of internal functioning of the board, including attendance and participation: Terence Patterson, EdD, ABPP
- 4.2 Report from the Executive Director of the Mental Health Board.
 Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.
- 4.3 Report of the Co-Chairs of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.
- 4.4 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to
- 4.5 Report by members of the Board on their activities on behalf of the Board.
- 4.5a Report on Laura's Law finding and research: Virginia Lewis, LCSW
- 4.6 New business Suggestions for future agenda items to be referred to the Executive Committee.
- 4.7 Public comment.

5.0 Public Comment

Adjournment

DISABILITY ACCESS

1. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and meeting rooms are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made

available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

- 2. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
- 3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
- 4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
- 5. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689 Telephone: (415)554-7724 Fax: 4(15) 554-5163 E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD



Edwin Lee Mayor 1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mbbsf.org

Adopted Minutes

Mental Health Board Wednesday, June 18, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 San Francisco, CA 6:30 PM – 8:30 PM

GOVERNMENT DOCUMENTA DEPT

SAN FRANCISTAL

BOARD MEMBERS PRESENT: Ellis Joseph, MBA, Co-Chair; David Elliott Lewis, PhD, Co-Chair; Wendy James, Vice Chair; Virginia S. Lewis, MA, LCSW, Secretary; Terry Bohrer, RN, MSW, CLNC; Sgt. Kelly Kruger; Terence Patterson, EdD, ABPP; Harriette Stevens, EdD;; and Idell Wilson.

BOARD MEMBERS ON LEAVE: Vanae Tran, MS; and Errol Wishom.

BOARD MEMBERS ABSENT: Melody Daniel, MFT, Kara Chien, Andre Moore

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of CBHS; Marlo Simmons, MHSA Director; Michael Gause, Deputy Director of MHA-SF; Debra Hardy; Brian Tseng, Physicians Organizing Committee; and four members of the public.

CALL TO ORDER

Mr. Joseph called the meeting of the Mental Health Board to order at 6:45 PM.

ROLL CALL

Ms. Brooke called the roll

AGENDA CHANGES

Mr. Joseph said the approval of the minutes for the Mental Health Board meeting of April 9, 2014 has been added to Item 3.0 Action Items as it was tabled from the May 2014 meeting.

ITEM 1.0 DIRECTOR'S REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services. Ms. Robinson suggested board members visit Ocean Mission Ingleside (OMI) Family Center's Wellness Program to see their great work.

She reported that in the proposed budget, the Mayor had restored about \$8.8 million for fiscal years 2014 - 2015 and 2015 - 2016. For the first time in many years, there are no service cuts in the Department of Public Health (DPH) programs and services. However, there could be cuts in the delivery of healthcare per the Affordable Care Act.

At the Health Commission meeting on Tuesday June 17, 2014, commissioners were informed about assisted outpatient treatment (AOT) as stated in Laura's Law. If AOT were approved, this would be a \$15 million program and would not be implemented until the fiscal year 2016. Furthermore, federal grants would be needed to meet the cost of \$15 million.

She announced that there are two people retiring: Director of Chinatown Community Center Nancy Yim-Lee and Deputy Director of CBHS James Stillwell who went from being a consumer to deputy director of CBHS.

1.2 Public Comment

- Ms. Hardy asked for and explanation of the RFP acronym.
- Ms. Robinson said "Request for Proposals."
- Mr. Tseng from the Physicians Organizing Committee stated that the implementation of AOT would be beneficial for San Francisco. He met with the judge of Nevada County who explained that AOT is less restrictive then conservatorship. Turning Point runs the program in Nevada County. Many stakeholders in the county are involved to keep people out of psychiatric emergency services (PES), jail, dying on streets, or sent to prisons. Turning Points operates from the perspective of reach out before an acute psychotic outbreak sets in. The program treats the people who need the most help.
- Mr. Gause from MHA-SF stated that Laura's Law would not be appropriate for San Francisco because psychiatric medications do not work for everyone with severe mental illness, because involuntary treatment is akin to coercive treatment, and because Nevada County and San Francisco County population are very fundamentally different. MHA-SF believes that full service partnerships are more appropriate for San Francisco.
- Ms. Robinson commented that San Francisco is still in the process of evaluating AOT to get the facts straight. A fair comparison of apples-to-apples is needed. For example, What is going on in Los Angeles may not be applicable to San Francisco, since LA is not really implemented AOT and since LA's plan only has about 100 participating women who were incarcerated and too incompetent to stand trial.
- Ms. Hardy wondered if the public is aware of a NY State study of Kendra's Law.
- Ms. Robinson pointed out that the NY study does not have MHSA funding to support full service partnerships.

A member of the Public member voiced that there is an inherent fallacy in AOT being the solution for hard to engage people with severe mental illness (SMI) because, usually, many SMI people often are homebound or shut-ins, and they don't have the wherewithal, let alone reliable transportation, to participate in treatment.

Monthly Director's Report June2014

1. MHSA Integrated Plan At-A-Glance

The San Francisco Mental Health Services Act (MHSA) Integrated Plan is now available to review and comment on the SFDPH website at:

http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/default.asp

The Community Behavioral Health Services (CBHS) unit of the Department of Public Health is inviting all stakeholders to review and comment on the San Francisco Mental Health Services Act Integrated Plan for a period of 30 days from May 16, 2014 to June 16, 2014. Attached is the Integrated Plan At-A-Glance.

This 30-day stakeholder review and comment is in fulfillment of the provisions of the Welfare and Institutions (W&I) Code Section 5848.

Please help us spread the word and forward this announcement to your networks.

Please email your comments to Marlo.Simmons@sfdph.org or send by mail to:

Marlo Simmons Mental Health Services Act Community Behavioral Health Services 1380 Howard Street, Room 210b San Francisco, CA 94103

(See Attachment 1)

2. O.M.I. Family Center's Wellness and Recovery Rollout

It has been a year since OMI Family Center launched its three-phase wellness and recovery treatment model. The three phases are: Phase I – Welcoming / Engagement and Early Treatment; Phase II – Strengths Based Treatment; and Phase III – Late Treatment Consolidation and Graduation. The program was also designed to align with the Affordable Care Act Triple Aim of improving healthcare, improving population health and reducing costs.

Dr. Michael Marcin and Gloria Frederico, MFT, OMI Medical Director and Program Director, respectively, provided preliminary outcomes data to the CBHS Executive Committee, which showed that the program redesign resulted in improvements in OMI's client retention rates, including OMI surpassing National Institute of Health national average retention rates reported for mental health clinics.

The redesign involved the introduction of a Welcome Class for all clients, and a Medication Orientation Class for those referred for medication services. The Welcome Class resulted in a 22% increase in the percent of clients keeping their subsequent appointments with OMI clinicians. Staff reported increased feelings of effectiveness.

The implementation of the Medication Orientation Class serves to educate and engage patients, as well as effectively match patient commitment to available psychiatric services. The class resulted in a 37% reduction in wait-time to see a psychiatrist. There was also a 62% reduction in wait-time to see O.M.I.'s nurse, who plays an active role in psychiatric evaluations. This was because less of the psychiatrist' time was wasted on no shows, resulting in more open appointments utilized by those clients most likely to benefit from and engage medication treatment. The no-show rate for initial medication evaluation appointments was reduced by 53%. Interestingly, the proportion of people who chose to call to cancel or change appointments versus simply not showing up nearly doubled, which is believed to be a marker for a more fruitful treatment engagement. The data analysis shows that these changes are both statistically significant and clinically effective.

3. Strengthen Your Role in Suicide Prevention

The Bay Area Suicide & Crisis Intervention Alliance (www.bascia.org), with the San Francisco Suicide Prevention Center, the San Francisco Mental Health Education Fund and NAMI San Francisco, hosts a regional meeting of the State Suicide Prevention Network on June 17, 2014 from 9am to 3pm at the Seven Hills Conference Center at San Francisco State University (1600 Holloway, San Francisco 94132).

This meeting presents current best practices in suicide prevention and welcomes staff and volunteers in schools, workplaces, youth, ethnic and LGBTQ community groups, religious organizations, first responders, providers in mental health and primary care, military and VA, and mental health and suicide prevention advocates. For a detailed agenda, full list of discussion groups/workshops and registration information, visit www.basica.org.

4. Nancy Lim-Yee, Director of Chinatown Child Development Center to Retire

Ken Epstein and Max Rocha want to express our thanks and gratitude for the quality of Nancy's 39-year tenure at Chinatown Child Development Center. It is an incredible honor to have gotten to know Nancy over the last few years. She is a gifted leader whose vision has helped build a true community based program. She has managed to navigate in three important areas as a representative to SFDPH. She has built a quality program and hired and trained excellent staff, she has contributed to CCDC being a true community clinic embedded in the community it serves and she has been an advocate for access for a community that has been underserved, poorly served and/or unserved in the past. She has accomplished these three goals with grace and humility while never backing down and always pushing for excellence and equity. San Francisco Public Health, CYF Behavioral Health and the community have been blessed to benefit from all the Nancy has done and she will be missed. However, we know that the legacy she has built lives well and strong in CCDC and in the community and I believe this will drive the system to continue to advance her vision and for her staff to continue to improve the services to the community. Good luck Nancy and somehow we believe that you will continue to advocate for all you have built but hopefully in a restful way.

5. Chinatown Child Development Center, submitted by Nancy Lim-Yee

Since this will be the last time I will be writing this monthly report on behalf of the Chinatown Child Development Center (CCDC), I hope you will indulge me and excuse the lengthier than usual entry. This is something I have already written in an email to the CYF System of Care providers but I also wanted to include what I wrote in this monthly report.

It is with both great excitement and a bit of sadness that I am writing to let you know that I will be retiring at the end of June. I have loved the entire 39 years that I have been at CCDC, and have greatly appreciated working with such passionate and incredible people in the mental health/behavioral health community! I have learned so much from all of you over the years.

CCDC is being left in good hands! Some of you have already met Joe Lai who will be taking over as the interim program director as the City goes through its hiring process. I know that you will continue to see great work from the CCDC team in the coming years!

My last day as Program Director will be June 27th. After that, please feel free to keep in touch via my personal e-mail: nanlimyee@aol.com. I will continue to be active with my volunteer activities in the community, so I hope to see you around.

Some of you, I have known for many years; others I have met more recently. Nevertheless, I want to thank you for your friendship and support throughout my years at CCDC. It has been an honor — and an amazing journey. I want to end with a poem that I shared with some of you two Thanksgivings ago.

Weather Report by: BJ Gallagher

Any day I'm vertical is a good day... that's what I always say. And I give thanks for my health.

If you ask me "How are you?", I'll answer "Great!" because, in saying so, I make it so. And I give thanks I can choose my attitude.

When Life gives me dark clouds and rain, I appreciate the moisture that brings a soft curl to my hair. When Life gives me sunshine, I gratefully turn my face up to feel its warmth on my cheeks. When Life brings fog, I hug my sweater around me & give thanks for the cool shroud of mystery that makes the familiar seem different and intriguing.

When Life brings snow, I dash outside to catch the first flakes on my tongue, relishing the icy miracle that is a snowflake.

Life's events and experiences are like the weather - they come & go, no matter what my preference. So, what the heck?! I might as well decide to enjoy them.

For indeed, there IS a time for every purpose under Heaven.

Each season brings its own unique blessings...

And I give THANKS.

6. Comprehensive Child Crisis Services (CCCS)

The Comprehensive Child Crisis Services (CCCS) team continued to be busy in May 2014, helping to stabilize individuals and families in crises and to do our due diligence to keep children, adolescents, adults and the community safe. Our teams remained dedicated, flexible, and creative while providing out of the box solutions mental health care to protect the well-being of difficult to place youth that needed around the clock care for over 48 hours due to a shortage of child crisis beds within our system of care. And our teams provided this seamless mental health services while dealing with a broken internal air system, with at times, unbearably warm office conditions. We are very grateful for our team member's patience and resolve to provide excellent care under stressful circumstances and in difficult working conditions.

Two of our clinical interns completed their internship here at CCCS and went onto to accept great positions. Jenny Ireland, MFTi, was hired as a residential counselor at Fred Finch Youth Center, which provides housing and counseling services to at-risk youth and adolescents in the East and South San Francisco Bay Area. Nicholas Grant, PhD Candidate, was hired at Tulane University in New Orleans, LA as a Pre-doctoral Intern in their medical and school counseling clinics. We were fortunate to have had them work with us for the past nine months and are very proud of their achievements!

7. LEGACY (Formerly CSOC)

In May, CSOC/ L.E.G.A.C.Y. saw two of its Youth Development Team staff graduated from certification programs. Victor Damian graduated from San Francisco State University with a Core Strengths Coaching Certificate. This will further his work with youth and young adults in empowering them to thrive, flourish, set goals, get results, flow, and obtain a better sense of well-being. Inez Love graduated from Community College of San Francisco with a certificate in Trauma Prevention and Recovery. This certificate will enhance the current work she does with youth and young adults who have been effected by and are healing from violence.

Our Family Involvement Team (FIT) has been busy doing outreach in the Southeast community. On May 23rd, the FIT team participated in the Walgreens Health Fair on 3rd and Williams Street. On Friday June 6th, they will be assisting families in the Sunnydale area at the SF Families Connect Day.

8. Therapeutic Behavioral Services (TBS)

We are pleased to report that the Department of Health Care Services commended our policy and procedures during the triennial audit regarding the issuance of EPSDT/TBS Notices to Medi-Cal beneficiaries as required by state mandate. The audit team praised the organization and levels of detail that were included in the binder that was presented to them by Chris Lovoy, TBS Coordinator, and they even took the binder back to Sacramento as a model for other counties state-wide. TBS continues to go strong with a regular influx of referrals, and the positive feedback about TBS from our system of care's mental health providers has been very much appreciated.

9. Family Mosaic Project

Family Mosaic Project is now accepting referrals. The referrals must come through one of 3 ways: A.I.I.M Higher, M.A.S.T. or Level II Risk.

Family Mosaic Project is a part of San Francisco's Department of Mental Health - Children, Youth and Family Services that provides intensive care coordination within the wraparound model to children, youth and their families.

Since 1998, Family Mosaic Project has provided wraparound services to children, youth and families in an effort to avoid out-of-home placement or a higher level of care.

Our mission is to support children and families in their communities by providing extraordinary outreach and innovative approaches to mental health services. We bring the services to you and your family at home, school and/or the community.

10. Foster Care Mental Health

In May, Foster Care Mental Health (FCMH) welcomed two new 2930 Psychiatric Social Workers, Niki Smith and Emily Meneses. They will be conducting CANS screens and assessments for children and

youth, and working closely with the Child Advocacy Center to ensure timely mental health assessment and linkage to services when needed. Also, FCMH is pleased to announce that Dr. Karen Finch will be joining our team in early September. Dr. Finch is currently completing her child psychiatry fellowship at UCSF and will be a wonderful addition to our team of child psychiatrists at FCMH.

11. Mission Family Center

As of May 27th Mission Family Center has filled all of our vacant positions! We are very pleased to welcome Eleana Arizaga, Psychiatric Social Worker, who comes to us from the Human Services Agency and with experience as therapist in her native Peru. Maureen Gammon is a Health Worker III, with an exemplary tenure at Family Mosaic and experience as a professional coach. Gilma Cruz-Montes, ASW who began at the end of April, comes to MFC from CSOC-Legacy where she was a renowned Parent Advocate. MFC is thrilled to have these three amazing therapists on board with us! With these vacancies filled we will be able to better serve our community and further decrease our waitlist which has already been reduced by 52% since January 2014. We are also proud to share our efforts in piloting new clinical flow processes, including planning for a parent psycho-educational orientation group this summer.

12. School Based Mental Health

DPH & SFUSD embarked on a series of planning meetings with goals of identifying concrete ways in which DPH's Children, Youth & Families System of Care, and SFUSD's Special Education (SPED) and Students, Families & Community Support Services (SFCSS) can work together to effectively support the highest need students. Examples of upcoming collaboration plans for mental health services amongst the three groups include prioritizing pre-referral support for teachers and schools so that they have the skills to support African American, Latina/o, English Learners, and socio-economically disadvantaged students; mapping and analyzing mental health resources across school sites; and aligning common evaluation and services outcomes. This plan will coordinate efforts for the next two to three academic years.

13. Southeast Child/Family Therapy Center

In May we have been saying good-bye to our fabulous interns and have been planning an African American Parent support group and a summer community activity group for teens. We also wrapped up our Adventure-based Psychotherapy group which was featured on the front page of the Chronicle. One of the members said he always wanted to be famous and now he is. We are also planning to say good-bye to Shirley Leong who has worked for us for almost 14 years. She will be retiring on June 21st, 2014. We wish her a happy retirement.

14. Alternative Family Services (AFS)

AFS is a mental health and foster care agency. We strive to provide coordinated, integrated and individualized care to children and families involved in the foster care system.

AFS works with CBHS to deliver a range of services including "Therapeutic Visitation Services" (TVS), an innovative strengths-based, family-focused therapeutic program for children and youth who are recently removed from their families. TVS is a time-limited program that utilizes intensive community based or in-home family therapy and parent-child interventions to increase the support and skills families need to safely reunify and maintain family attachment. These services are intended to promote safety,

well-being, and permanency for children and families. TVS also helps to integrate key players from Child Welfare, Family Courts, Panel Attorneys, CASA Workers, etc.

Recently, AFS participated in CBHS' Katie A Planning Workgroup to develop implementation recommendations. Currently, we are beginning to support Foster Care Mental Health's efforts to conduct "front-end" CANS assessments for children who are removed from their home.

Internally, AFS is looking to working to improve the effectiveness and efficiency of our services through an "integrated model of care" (i.e., integrated foster care and mental health care). We are focusing on the Intensive Treatment Foster Care (ITFC) program, where coordinated EPSDT services and social services reduce both mental health problems and the need for higher-level care. This is an amazing time to be working with child-welfare involved families—there are many changes at the federal and state levels that should help expand access and involvement for clients.

15. A Better Way

A Better Way provides mental health, parent training, foster care, adoption and housing services to children and youth throughout the Bay Area. In San Francisco County we offer specialty mental health services to clients aged birth to 21 and their families. In addition to standard outpatient mental health care, we provide two specialized services: Therapeutic Visitation (for families pursuing reunification) and early childhood mental health care (for children aged birth to five and their caregivers). Therapeutic Visitation consists of family therapy, parent training and clinical case management specifically aimed at: (a) developing stronger parent/child connections; (b) helping children heal from past trauma; (c) helping parents understand and address Child Welfare concerns; & (d) helping families develop and demonstrate improved protective factors in progressively "real-life" settings. Our Early Childhood mental health program offers screening/assessment/dyadic therapy, Parent Child Interaction Therapy (PCIT), and infant massage training to parents and caregivers of infants and young children. Our treatment teams include Mental Health professionals and Family Partners and Child & Family Team Facilitators.

16. Mandatory DPH Annual Compliance Training - 2014

The Department of Public Health (DPH) of the City and County of San Francisco is committed to providing health care services in compliance with all federal, state, and local laws and regulations. DPH encourages and expects all employees, contractors, and agents to abide by a high standard of ethical behavior and integrity, to maintain the highest standard of clinical and business conduct, and to exercise good judgment when conducting business with or on behalf of DPH.

The DPH Compliance Office oversees a program designed to educate the workforce regarding the key compliance issues that impact their jobs, and works diligently to prevent and detect fraud, abuse, and waste. This training is part of our robust compliance program which focuses on preventing, promptly addressing, and correcting any violations of the laws, code of conduct, conflict of interest, DPH policy, etc.

The Compliance Training is <u>mandatory</u> and is delivered annually through DPH on-line training modules. <u>The deadline to complete the training is July 3, 2014</u>. Please review the attached handout carefully for additional information on how to register for the compliance training course.

(See Attachment 2)

17. User Electronic Signature Form

The Department of Public Health (DPH) Compliance Office is updating its database to include "User Electronic Signature Agreement," as required under state and federal laws. An electronically signed record is a "financial program, or medical record that (1) is required to be signed under California or Federal law, California or Federal regulation, or organizational policy or procedures, and (2) may be requested during an audit by a state or federal auditor." As such, we are asking your help to update our records by completing the attached <u>User Confidentiality, Security and Electronic Signature</u>

Agreement Form. Please return the completed signed form to our office by Friday, July 11th, 2014.

Mailing Options:

- 1) Scan and e-mail the completed form to Carla.Love@sfdph.org OR
- 2) Fax to 415-252-3032, attn: DPH Compliance Office

(See Attachment 3)

18. SanaMente Fact Sheets Highlight California's Mental Health Movement with the Latino Community in Mind

New English- and Spanish-language fact sheets outline SanaMente, the Spanish-language companion to Each Mind Matters. The fact sheets describe the SanaMente tagline and provide information, tools and resources that are specific to English- and Spanish-speaking Latino communities across the state. View these fact sheets and learn.

Do you have news to share? Send submissions to Jenna Thompson at Jenna@paschalroth.com. The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Prop 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities. Contact: Each Mind Matters at info@eachmindmatters.org.

19. Behavioral Health Homes

See the attachment on Behavioral Health Homes which highlights the opening of Mission Mental Health integrated clinic as well as the many systemic changes we are succeeding in making towards integration like:

- Team based care approach at all the mental health clinics
- Implementation of primary care EMR with improved ability to share information back and forth at Mission Mental Health and South of Market
- Creating behavioral health/primary care partnerships allows us to develop a spectrum
 of medical and behavioral health care that we can easily guide our patients through and
 match the level of intensity of services to their clinical need

Tell us your clinic story and we will add it to the upcoming Director's Reports.

Past issues of the CBHS Monthly Director's Report are available at: http://www.sfdph.org/dph/comupg/oservices/mentalHht/CBHS/CBHSdirRpts.asp To receive this Monthly Report via e-mail, please e-mail reanna.albert@sfdph.org

ITEM 2.0 MENTAL HEALTH SERVICE ACT ANNUAL UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Annual Update: Marlo Simmons, Director, San Francisco Mental Health Services Act Programs

Mr. Joseph introduced Marlo Simmons, Director of the San Francisco Mental Health Services Act programs who will present the Annual Update and three-year plan. The MHSA legislation requires that the MHB hold a public hearing 30 days after the plan is publicly released, and publicly comment on the plan.

The Integrated Plan 2014-2017 presentation is at the end of the minutes

Ms. Simmons provided a brief overview of Proposition 63 that was enacted into law in 2005. She said the guiding principles of MHSA for San Francisco are consumer and family involvement, community collaboration, cultural competence, integrated service delivery and the wellness and recovery model.

She said the integrated plan has an expansion of services and programs for District -10, or the southeast sector of the City. Many Bayview Hunters Point, including Western Addition clients are traumatized by community violence.

The State requires 20% of the fund be allocated to prevention and early intervention. Although San Francisco is only 49 square miles in area, the City embraces and celebrates diversity. There is a coexistence of many groups from Asian Pacific Islanders, African American, Native American, Latino/Mayan, Arab Refugees, transitional age youth, to people who are homeless and the LGBTIQ community. Most of the disenfranchised people were stigmatized, marginalized, oppressed and exposed to and induced by traumas during their formative years. Their mental health issues are met through outreach and engagement and screening and assessment and screvice linkage.

- Ms. Bohrer asked for clarification about adult full service partnership program cost per clients, who most likely participate in the MediCal program.
- Ms. Simmons explained that that is not the full cost because it is not duplicated and because the overall budget is based on the number of actual clients being served. Furthermore, MHSA serves people who are homeless, who often do not receive MediCal.
- Ms. Bohrer suggested that there needs to be a mention if that full cost is more because it includes MediCal billing clients. She also suggested a collaboration between MHSA and MHB to join together with the Advisory Board Committee for site visits and program reviews.
- Ms. Simmons said she will talk with MHB staff.
- Ms. Bohrer suggested future reports include sub-programs too and would like to know if there is a registry itemizing all services
- Ms. Robinson stated that the list of contracts would show CBO's and their contracts with funding.
- Ms. Bohrer inquired about the annual budget for CBHS.
- Ms. Robinson stated that the City annual budget shows funding allocation for CBHS.
- Dr. Patterson asked about the MHSA loan assumption program. As a University of San Francisco professor of master and PhD levels, he noticed a lack of enthusiasm in African American and Asian American students due to cost prohibition on tuition.
- Ms. Simmons explained the MHSA loan assumption programs are administered by the Statewide Health and Planning Department. The department gives out funds for local programs. She shared that she has been looking at specific data about San Francisco's MHSA workforce. There were discussions of people hired full time with 20 hours for professional education. Another discussion concerned recruiting high school students to think about a career in social service fields.
- Ms. Bohrer said that there is no shortage in human resources just a shortage in financial assistance to offset tuition expenses and the high cost of living in San Francisco.
- Ms. Robinson believed graduate degrees tend to earn much lower wages than IT graduates.
- Ms. Stevens wondered who the consumers are and what qualifications are needed to get MHSA services. She pointed out that housing for loved ones is itself a crisis in San Francisco.
- Ms. Simmons said it depends on a client's needs. Some clients need an FSP. Some clients are severely mentally ill and that impacts their daily function.

There is an income requirement for housing support. Permanent housing is for FSP clients, while stabilization and transitional housing are for others. Income requirements are based on actual housing programs that set maximum incomes and residents pay rents that can range from 30%-50% of the client's income

Ms. Stevens wanted to know how parents access services for their children.

- Ms. Simmons said the MHSA-SF website provides the information.
- Ms. Virginia Lewis asked about the waiting list for housing.
- Ms. Simmons said the housing waiting list is very long and just re-opened recently.
- Dr. David Elliott Lewis commented that there are allegations of mission drift and not addressing the needs of people with severe mental illness.
- Ms. Robinson clarified that re-duplicating services and programs is not the purpose of MHSA. MHSA is designed to change the way CBHS deliver services, meaning not the same way as we have been doing before.

Unfortunately, there are vocal opponents against early intervention and prevention and reducing stigma. For example, FSPs have flex funds to help with special needs, but the stigma of mental illness deters people from seeking help. So, if the stigma of mental illness were reduced, then more clients would want to sustain engagement in mental health services. In another example, loving parents attempt to shield their children from the stigma but fail their children in the long run because they don't appreciate the value of early intervention and prevention of mental illness.

The use of peers in peer programs has been a profound additional asset, because peers not only can immediately relate to a person in crisis without much explanation but also inspire hope in recovery and wellness. Yet, when peer staffers asked for a \$200 yoga program for stress reduction and burn-out prevention during lunch, there was heavy media coverage calling for legislation and investigations. The opponents keep reminding us how we spend MHSA dollars on a \$200 yoga program, yet we remind our opponent that the \$200 yoga investment helps our peer staffers stay employed.

She added that MHSA funds cannot be used for forced treatment. Also, MHSA is not mission drifting but MHSA is mission exploring for stigma reduction, for early intervention and prevention!

Ms. Simmons said in San Francisco we have award ceremonies, but critics do not understand that most people with mental illness are disenfranchised by institutional stigmatization and discrimination. Any validation of wellness and recovery is itself an achievement for people with mental illness!

2.2 Public comment

Mr. Gause thanked Jo Robinson for her support of MHA-SF work. He recommended more public hearings and more support for peer respite care.

Member of the public commented that for critics who say MHSA-SF is not addressing the needs of people with severe mental illness, he wondered, according to Ms. Robinson statement that MHSA does not fund any forced treatment, if AOT constitutes forced treatment then proponents of AOT might not realize that MHSA funding has already precluded any services for AOT.

Member of the public said "Depression invokes doubt and suspicion and the implication that it can be overcome by personal will-power.

Clinical depression is caused by a chemical imbalance in the brain that, in turn, causes all consuming emotional pain which others who have not experienced it cannot fathom and ought not judge. Nor have they any standing to judge such awful outcomes as occurred here. There are prescription medications which work to right the tipping ship, but many would rather suffer the falling into the cold dark abyss than face the fact and admit that they suffer a mental illness - such is the ignorant societal stigma which remains attached to this physical disease/defect.

And, it is extremely difficult talking to people about it, especially those who I was just getting to know, because they instantly look at you and your family so much differently and think that we all must be complete psychopaths, on drugs, or just straight up nuts. From the note my brother left, it was more like he thought we'd be better off without him, and was in such a low place that I don't even think he thought he was worth missing. That was one of the toughest things...to know that is how he felt, because he was really a good person. Through the years, I have become 'comfortable' with telling people about it, and if they judge me then I know then and there it's not anyone I want in my life anyway."

- Mr. Tseng mentioned that there is a movement in Sacramento to reduce stigma, and wondered if there is any amendment of Proposition 63 at the legislature level to allow MHSA to provide more services.
- Ms. Robinson said she has not heard of any discussion on amending the MHSA.
- Ms. Bohrer asked if it is true that SF is "skewed" in MHSA fund allocation.
- Ms. Simmons said that, unfortunately, the formula does not consider the homelessness in San Francisco. Thus the fund allocation did not take into account the number of people who are homeless.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 PROPOSED RESOLUTION Be it resolved that the minutes for the Mental Health Board meeting of April 9th, 2014 be approved as submitted

Unanimously approved

3.3 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of May 21, 2014 be approved as submitted.

Unanimously approved

ITEM 4.0 REPORTS

For discussion

4. 1 Discussion of internal functioning of the board, including attendance and participation: Terence Patterson, EdD, ABPP.

Dr. Patterson led a discussion about board attendance and participation. He would like to increase board attendance and interactions with stakeholders and community leaders to enhance the board efficacy.

4.2 Report from the Executive Director of the Mental Health Board.

Ms. Brooke reminded the board about the following:

- . Watch the two hour Sunshine video then take test and sign off on the Sunshine form
- SFMHEF board meeting on Wednesday June 25, 2014 at 6 PM
- Besides the supervisor seat, four mental health seats available are: mental health professional, consumer, family member, public interest
- Conard House commendation letter of Sgt Kelly Kruger who is a Mental Health Board member

4.3 Report from the Chair of the Mental Health Board and the Executive Committee.

Mr. Joseph announced that the Executive Committee has changed its meeting time to the daytime. The next regular meeting is Thursday, June 19, 2014 at 11:00 AM in Room 424 at 1380 Howard Street. All board members as well as members of the public are welcome to attend.

Dr. David Elliott Lewis reported briefly on Laura's Law. He personally believes that the full service partnership approach is more conducive to wellness and recovery than coercive treatment of Assisted Outpatient Treatment (AOT) as proposed in the law. He added that at the May 23, 2014 Board of Supervisor meeting, Supervisor Jane Kim is offering an alternative bill to Laura's Law that will be on this November 2014 ballot. There will be a public debate on the issue on July 10th, 2014 at 301 Battery Street in the 3rd floor conference Center at 7 PM.

4.4 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

Sgt. Kruger proposed board recognition of Jason Albertson from the Homeless Outreach Team (HOT).

Ms. Robinson proposed board recognition of Sandy Robison of the Pathways Program.

4.5 Report by members of the Board on their activities on behalf of the Board.

Ms. Virginia Lewis said she has been actively lobbying for the passage of Laura's Law. She dispelled the myth that Laura's Law uses coercive treatment. In fact, Laura's Law is not mandated to use involuntarily forced treatment. She believes Laura's Law is incredibly effective as corroborated and cited in recent research.

On a personal level and with her daughter's consent, (who was diagnosed with bi-polar disorder at the age of ten), she shared that her daughter wished Laura's Law had existed during her time to help her with her wellness and recovery.

Below is Ms. Virginia Lewis's recent letter to an editor

Laura's Law Saves Lives San Francisco is fortunate to have a number of fierce advocates speaking out on behalf of the cities' underserved - including the chronically mentally ill and homeless. Particularly incisive is Jennifer Friedenbach's (Director, Coalition on Homelessness) analysis concerning the public sector's woefully inadequate services available for these citizens.

However, there are other, equally concerned advocates who while agreeing with Jennifer Friedenbach and Eduardo Vega (Director, Mental Health Association of SF) on many issues (e.g., shameful lack of hospital beds, low-income housing, the private sector non-profit medical groups unwillingness to fund needed services as part of their give-back for the considerable benefits received through their non-profit status, etc.) there are other advocacy organizations who strongly disagree regarding the need for a Laura's Law (LL) /Assisted Outpatient Treatment (AOT) (AB1421, WIC 5345) program. Most importantly, the SF National Alliance on Mental Illness (NAMI), the oldest and most established advocacy group of families (parents, offspring and relatives of the seriously mentally ill) has voted to support a LL/AOT program, a voluntary program which mandates client participation in and agreement with the treatment plan. Individuals with severe and persisting mental illness (SPMI) who do not agree to participate in the program are ineligible for its considerable services such as intensive case management, housing, job training, and regular contact with a mental health professional, LL/AOT requires counties to commit to services before clients suffer multiple psychiatric hospitalizations and incarcerations. Involuntary medications are not part of Laura's Law. Per Section 5348(5) (c) of Laura's Law, "involuntary medications shall not be allowed absent a separate order by the court pursuant to Sections 5332 to 5336." These sections refer to other laws already on the books which dictate how and when there can be medication over objection. (E.g. in a Riese Hearing, WIC §5345 et. seg.) Laura's Law adds no forced treatment of any kind. The program has proven in practice to break the cycle of continuous incarceration, psychiatric hospitalization or life on the streets. The 2012 Nevada County, California study of 43 SMI's 12 months before vs. 12 months after AOT noted reductions in homelessness (93.5%). hospitalization (64.2%), incarceration (21.2%); and emergency interventions (87.1%), Savings were \$213,300 - hospitalization and \$75,600 in incarceration costs. The relatively new LL program in Los Angeles County has already resulted in reductions in incarcerations (78%), hospitalizations 86% and cut taxpayer costs 40%. Consumer opposition to LL/AOT programs, as stated for example in the June 5th SF Chronicle article by Mr. Vega and Ms. Blakemore, is rooted for many members in negative and very painful 'lived experiences' with the mental health and criminal justice systems. Understandably, many members of consumer advocacy groups are suspicious and wary of any approaches which they believe are coercive. From these fears comes the belief that better outcomes result exclusively from voluntary programs, which may be true for many participants. However, there is no evidence that this is true for the small portion of the SPMI population for whom LL/AOT is designed. (e.g. Mr. Vega's letter cites 'outcomes' for persons participating in voluntary services funded through MHSA, but since eligibility for services does not depend on evidence of a diagnosis, we have no way to know if any participants can be considered people with SPMI.) Empirical evidence of positive outcomes in urban, NY State populations under Kendra's Law from 2009 and 2010 reports of long term studies of AOT confirm earlier NY OMH data - fewer, shorter psychiatric hospitalizations, a reduction in the likelihood of arrest, higher social functioning, less stigma and no increase in perceived coercion. State funding was authorized in 2013(Prop 63); hence SF County can now afford the costs of required services under Laura's Law. There is no reason to delay implementation of this much needed law. Virginia Lewis, LCSW Secretary, San Francisco Mental Health Board NAMI, Member SF Night Ministry (former Board member) Physician's Organizing Committee, Member John Rouse, M.D. Associate Clinical Professor UCSF Department of Psychiatry Psychiatrist, San Francisco General Hospital Valerie Gruber, Ph.D., MPH Co-chair Northern California Commission on Psychiatric Resources

4.6 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Sgt Kruger proposed a presentation from Mark Leary on changes in the new program at San Francisco General Hospital.

Ms. Bohrer would like the July meeting be dedicated to reviewing the 2013 Retreat.

4.7 Public comment.

No comments were made.

ITEM 5.0 PUBLIC COMMENT

Ms. Brooke read two letters submitted by members (Ms. Maytte Colorado and Mr. Michael Lukso) of the public. The letters are at the end of the minutes.

ADJOURNMENT

Meeting adjourned at 8:42 PM.

Ms. Marlo Simmons' San Francisco Mental Health Service Act Annual Update – Integrated Plan 2014-2017 presentation

Mental Health Board of San Francisco 1380 Howard St., 2nd floor San Francisco, CA 94103

Dear Mental Health Board:

I send you warm greetings. Mental illness runs in my family. We have never been homeless, but we have suffered suicides, divorces, domestic violence, alcohol and drug abuse and hospitalizations.

I read with interest the enclosed article where the DA seeks extra cash for a legal mental health unit. It may be part of the answer, but only a part. There needs to be training for police to de-escalate situations and handle better those suffering from mental illness. The police are the front lines. And there needs to be follow-up support, more funds for mental health caseworkers to help people committing non-criminal crimes get out of the legal revolving door.

It seems to me that the legal funding without support and housing funding will be like fashioning three new doors: the behavioral health court, the drug court, and the community justice center: to the same exits; an empty room, a jail cell or even forced institutionalization. I hope the CARES program comes into being as planned. (I saw it on your website.)

\$500,000 seems like a good investment. Can't Mayor Lee find funds for police training, attorneys and case workers, just a little? It would go a long way to solve our cities' problems.

Can it be so complicated? On the SF.Gov I see your faces. You are good people. Please find the way to work operationally across disciplines to advocate for funding and implementing an integrated approach to serve our needs.

Please support us.

Sincerely, MJA BY Ms. Maytte Colorado Native San Franciscan 1147 Shotwell St.

SF. CA 94110-4021

TUOTHE WIENTAL ITEMLIA NUMENO OF JAW FRANCISCO, ATTN: DR. DAVID ELLIOTT LEWIS, Ph.D.,
1380 HOWARD ST., 2ND FL. 94103 TOO THE SAN FRANCISCO EXAMINER ATTN: JONAH OWEN LAMB 225 BUSH ST. 17TH FL. 94104 CC: THE OFFICE OF THE SHERRIF OF SAN FRANCISCO ATTNO ROSS MIRKARIMI ROOM 456 CITY HALL 94102 CC: SAN FRANCISCO COUNTY JAIL 5 ATTN: CAPTAIN (DETA 1 MORECAND DRIVE, SAN BRUND 94066 CC: JAIL PSYCHIATRIC SERVICES ATTN: TANE LOVEL ATTN: JANE LOVELL 850 BRYANT ST. 94103 FROM: MICHAEL LUKSO, INMATE # 608533 I MORELAND ORIVE SMIBST SAN BRUNO, CA 94066 RES COMPASSIONATE EFFECTIVENESS & HARM REDUCTIO DATE: (0-12-2014

WITHIN ONE WEEK'S TIME, BOTH THE MENTAL HEALTH BOARD OF SAN FRANCISCO (MHBSF) AND THE SAN FRANCISC

EXAMINER (SFE) VISITED THE PSYCHIATRIC UNIT OF SAN FRANCISCO'S COUNTY JAIL IN SAN BRUND. THE REAS. I'M ADDIRESSING THIS LETTER TO BOTH OF THE VISITORS IS THAT I HEARD THE SAME QUESTIONS FROM EACH AND I'D LIKE TO ANSWER THEM.

INY NAME IS MICHAEL LUKSO AND, FIRST OF ALL, I WANT TO THANK YOU FOR VISITING THE JAIC. I FOUND YOUR VISITS TO BE ENCOURAGING BECAUSE THEY INDICATE THAT THE BOARD, THE EXAMINER, THE SHERIFF'S DEPARTIMENT AND JAILPSYCHIATRIC SERVICES (JPS) ARE CON-CERNED WITH THE WELL-BEING OF INMATES. I SPOKE BRIEFLY WITH THE MHBSF IN POD 3A, PSYCHIATRIC'S AN-WINISTRATIVE SEGREGATION UNIT, WHILE I WAS WORK-ING THERE CLEANING THE POO ON FRIDAY, MAY 30, 2014. SUBSECLUONTLY, I ATTENDED THE WEETING ON WEDNESDAY, JUNE 4 TH, 2014, HELD BY THE EXAMINER IN PON 1B, JAIL'S PSYCHIATRIC UNIT WHERE I CURRENTLY RESIDE. IN THIS LETTER, I'D LIKE TO ANSWER TWO QUESTIONS & 1. WHAT IS A TYPICAL DAY LIKE FOR AN INMATE IN THE PSYCHIATRIC POO! AND,

EVERY DAY BEGINS AT 3:30 AM WITH BROAKFAST. THEN WE AKE LOCKED IN OUR CEUS FROM YAM TO 8 AM.

2. WITHT OTHER PROGRAMS COULD BE ADDED TO THE

LUNCH IS SERVED AT 9:30 AM AND WE PARE LOCKED IN OUR CELLS FROM (OHN TO LLAMO NEXT, WE HAVE AN CLAM THERAPY GROWN LIKE SOCIAL SKILLS OR DIALECTICAL BEHAVIOR

INTER REASONAL SKILLS THUROUGH ROLE-PLAYING OR GAMES LIKE BASKETBALLO BETWEEN 12 AND I, WE TYPICALLY HAVE A CLASS THAT PROMOTES A HEACTHY MIND/BODY CONNECTION. ON MONDAYS, A VOCUNTEER FROM THE BUDDHIST CENTER LEADS A MEDITATION CLASS. ON TUESDAYS AND THURSDAYS, WE HAVE A YOGA CLASS FROM I PM TO 2 PM WE HAVE CLASSES THAT ADDRESS 15SUES ETTE OF MENTAL HEALTH AND SUBSTANCE USE. ON MONDRY, WE HAVE A MATRIX MODE GROUP AND ON THURSDAYS WE HAVE A GROUP THAT DIS-CUSSES 12-STEPS IN THE CONTEXT OF MENTAL HOALTI. WE ARE LOCKED IN OUR CELLS FROM 2 PM TO 4 PM UNTIL OUR DINNER TRAYS ARRIVE, AFTER DINNER, AROUND 4:30, WE HAVE FREE TIME TO PLAY GAMES, OR WATCH of MOVIE UNTIL WE ARE COCKED IN FROM 6PM to 7PM. OUR CAST STRETCH OF & FREE TIME 15 FROM 7 PM to 9:30 pm. DURING THIS TIME, INMIS CALL LOVED ONES, PLAY A GAME OR WATCH A MOVIE. I'LL DETEN PLAY SCRABBLE BUT I ALSO 45 THE TIME TO WRITE LETTERS SUGGESTIAND THAT HAM REDUCTION BECOME PART OF JAIL'S CURRICULUM.

THERAPY (DBT). THESE GROUPS ENCOURAGE BUILDING

15 PART OF A WHAT I CALL A COMPASSIONATELY EF-

THE REASON I PROMOTE HARM REDUCTION IS THAT I

A TERM I WINED AROUND 2005 TO DESCRIBE MY EXPERIENCE WITH BETHAULURAL HEACTH COURT AND HARM REDUCTION. THAT COMPASSIONATE AND EMPOWERING PRUGRAMS SAVE TAXPAYERS' MONEY 15 THE STARTLING DISCOVERY I MADE WHILE PRACTICING HARM RE-DUCTION IN BEHAVIORACHEAUTH COURT. FOR SOMETHING TO BE COMPASSIONATELY EFFECTIVE IT MUST MEET THREE CONDITIONS: 1. IT MUST DIRECTLY OR INDIRECTLY RESULT IN REDUCING COSTS TO TAXPAYERS CR AN ORGANIZATION . FOR EXAMPLE, IT IS COMPASSIONAIELY EFFECTIVE TO RE-HABILITATE INMATES TO THE HIGHEST LEVEL OF WENTAL HEALTH AND AUTONOMY TITEY CAN SUSTAIN WITH THE LEAST AMOUNT OF CITY/COUNTY FUNDED PROGRAM SUPPORTO THIS, OF COURSE, IFAS A DURECT IMPACT ON TAXPAYER COST. AN EXAMPLE OF AN INDIRECT IMPACT IS ANY ACTIVITY OR PROGRAM THAT GENER-ATES A SONSE OF SETFRESPECT AND MENTAL HEALTH THAT IMPACTS THE BOTTOM LINE, FOR INSTANCE, WHEN A DEPUTY TREATS WE WITH RESPECT, I'M REMINDED TO DO THE SAME TO MYSELFE WHEN I DO THAT, I MAKE BETTER CHOICES AND DECISIONS, NOT SELF-DEGTRUCTIVE ONES THAT NECESSITATE A COSTLY CITY/COUNTY INTERVENTION. 2. THE SECOND CONDITION IS THAT IT MUST BE ROOTED

IN COMPASSION, OR EMPAINY OR RESPECT. THE POINT

FOR EXAMPLE, DEPUTIES WITH A BROADER UNDERSTANDING
FOR A DIVERSITY OF MENTAL HEALTH ISSUES HELP REDUC
UNDERESSARY INTERVENTIONS OR RE-ASSIGNMENTS OF
BED INMATES TO A SAFETY CELL WHICH INCREASES THE

OPERATING COSTS OF THAT INMATES.

3. LASTLY, IT MUST EMPOWER THE INDIVIDUAL AND LAY IN PLACE A BEHAVIOR CHANGE THAT IS WILL INGLY SUSTAINED OR REPEATED. INTRAVENOUS DRUG USERS, FOR INSTANCE, MAY NOT WILLINGLY EMBRACE NETDLE EXCHANGE, BUT THEY OFTEN EMBRACE NEEDLE EXCHANGE, THEY'LL REPEATEDLY VISIT A NEEDLE EXCHANGE FACILITY TO TAKE CHARGE OF THEIR HEALTH, AT THE SAME TIME, NEEDLE EXCHANGE SAVES THE CITY/COUNTY SIGNIFICANT SUMS OF MONEY BECAUSE IT REDUCES THE COST OF CITY FUNDED HEALTHCARE PROGRAMS THE IN DRUG USERS OFTEN ACCESS, BY PREVENTING BLOOD BORN DISEASES LIKE

BEGINNING IN 2007, UNTIL 2013, I WAS ON CONN.
HOUSE'S COMMUNITY SUPPORTED SETF MANNGEMENT
COMMITTEE WITH RICHARD HEASLEY, THE ORGANIZATION'S EXECUTIVE DIRECTOR, THERE, I CERNED
THAT ANY PROGRAM THAT UTILIZES SAN FRANCISCO

HEPATITIS AND HIV.

CITY/COUNTY TAX PAYER DOLLARS HAD TO PROVIDE A HARM REDUCTION OPTION FOR CLIENTS. SINCE COUNTY JAIL UTILITIES TAX PAYER BOLLARS, IT SEEMS TO ME THAT THEY NEED TO PROVIDE A HARM REDUCTION OPTION FOR INMATES AS WELL. BUT EVEN IF I'M INCORRECT ABOUT THE REDUIREMENTS MENT, IT IS STILL THE COMPASSIONATELY EFFECTIVE THING TO DO.

BUT FOR THOSE WHO WOULD STILL DISAGREE, I WOULD ASK THE FOLLOWING QUESTION'S WHO IN JAIL WITH A HISTORY OF SUBSTANCE USE PROBLEMS WOULD YOU WILLINGLY BET YOUR ENTIRE CIFE'S SAVINGS ON STAYING SOBER WHEN RECEASED? THEN WHY DO WE PRE-TEND THAT IS GOING TO HAPPEN! WILL DON'T WE TEACH INMATES HARM REDUCTION TECHNIQUES THAT WILL HELP KEEP THEM CUT OF JAIC! " IN THIS CONTEXT, COMPASSIONATE EFFECTIVENESS IS EXPRESSED THROUGH HARM RE-DUCTION'S ABILITY TO REDUCE RECIDIVISMO WITH OUT A HARM REDUCTION OPTION FOR INMATES, A LARGE SUIN OF TAXPAYER MONEY IS LITERALLY BEWG WAS, TOO ON HIGHER RATES OF RECIDIVISM AND CITY/COUNTY HETACTHEARE INTERVENTIONS.

SO, TO ANSWER THE MHBSF'S AND THE EXAMINER QUESTIONS, I BELIEVE IT WOULD BE TO EVERYONE'S ADVANTAGE IF HARM REDUCTION TECHNIQUES WERE TRUGHT WITH EQUAL TIME AND DEPTH AS 12 STEPS. THAT WOULD MEAN HAVING TWO INFORMAL HARM REDUCTION SUPPORT GROUPS, ONE FOR ALCOHOL AND ONE FOR CRYSTAL METH, AS WELL AS A FORMAL THERAPY GROUP LED BY A JPS STAFF MEMBER THAT SPECIFICALLY TEACHES WHAT HAVE REDUCTION IS AND HOW IT APPLIES TO DUALLY DIAGNOSED INMATES.

FINAUL, I'D LIKE TO ONCE AGAIN THANK THE MENTAL HEALTH BOARD, THE SF EXAMINER, THE SHERIFF'S DEPARTMENT AND ESPECIALLY JPS FOR DEMONSTRATING YOUR CONCERN FOR OUR WELL-BENG.

Sincereul, July WicHART F. YUKSD San Francisco Mental Health Services Act

WEINN

INTEGRATED PLAN 2014-2017 Enacted in 2005 in 2005 in 2005

1% tax on income over \$1 million

Designed to transform the mental health system

"As my life got bigger, my illness got smaller" - MHSA Program Participant

Guiding Principles

Consumer and Family Involvement

Community Collaboration

Cultural Competence

Integrated Service Delivery

Wellness and Recovery Model

A single plan that brings together all MHSA components

MHSA principles and Community Planning Process (CPP)

Guided by State regs,

MHSA Integrated Plan

Identifies new investments planned for fiscal year 2014-15 and beyond

Describes service categories, programs, target populations, cost per client and outcomes

Community Program Planning

 Make information available on MHSA website Share implementation highlights in monthly

· Provide regular updates to stakeholders

CBHS Director's Report

MHSA Communication Strategies

MHSA Advisory Committee

- Identify priorities
- · Monitor implementation Provide feedback
- Assess needs and develop service models Review program proposals and interview applicants Program Planning and RFP Selection Committees

Select most qualified providers

- Program Implementation
- Evaluation

- Collaborate with participants to establish goals
 - · Promote the engagement of peers in program · Promote peer and family employment governance
- Promote peer and family engagement in Collect data on participant satisfaction evaluation efforts

MHSA Service Categories

- #1: Recovery-Oriented Treatment Services
- #2: Mental Health Promotion & Early Intervention Services #3: Peer-to-Peer Support Services
- #4: Vocational Services
- #5: MHSA Housing Program
- #6: Behavioral Health Workforce Development
- #7: Capital Facilities/Information Technology
- * All categories include programs funded with Innovation (INN) funding.



Crisis

Mental Health Promotion and Early Intervention

Population-Focused Mental Health PEI

> Mental Health Consultation and Capacity Building

School-Based Mental Health Promotion (K-12 and Higher Ed)

- Asian and Pacific Islander (API)
 - African American Native American
 - -atino/Mayan
- Arab Refugees
- Homeless Adults
- involved TAY (18-24) Homeless or System
 - GBTQ



Focused Menta **Health Promotion** Intervention Populationand Early















- Screening and Assessment Outreach and Engagement
 - Wellness Promotion
- Individual and Group **Therapeutic Services** (short-term)
- Service Linkage



PEOPLE MAY

DOUBT

BUT THEY WILL

WHAT YOU SAY,

HAT YOU DO

Peer Certificate Program

NAMI Pilot

Office of

Transgender Wellness Program

Support Services Peer-to-

Peer

Employment Services **CBHS** Peer

including RFQ -

Hoarding & Cluttering

Peer-led

Program

ANTERIAL DESCOL

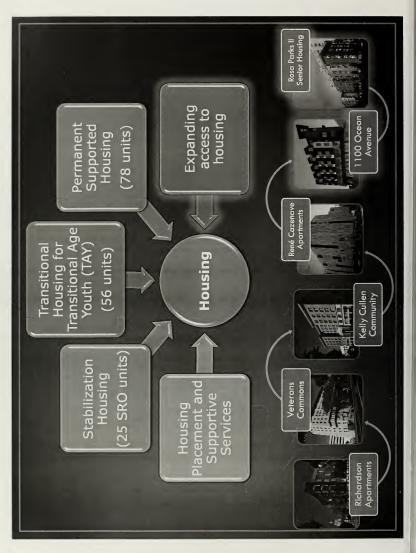
Remodeling

Information Technology (IT)

Peer-to-Peer Behavioral

Health Services

Vocational Services Nutrition



Workforce Development

Financial Incentive Programs state funded)

Mental Health Loan Assumption Licensed Mental Health Service Provider Education Program

Summer Bridge

sidency and Internship Programs

City College Certificate

Program

Child and Adult Psychiatry Fellowship

O'Connell

John

Intern

workforce disparities

Address

Mental Health Career Pathway

Assistance

Technical

Seeking Safety, WMR, Medicinal Drumming Capacity
Building for
Youth
Providers and

Trauma Training Institute MH Training Program for Outreach Workers



Information Technology



Vocational IT

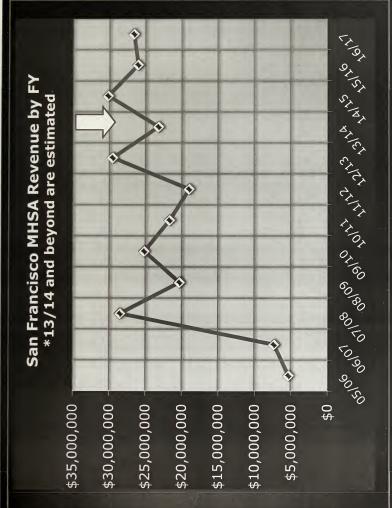
Consumer Portal

System Enhancements

- Silver Ave
- Redwood Center
- Sunset Mental Health
 - Tom Waddell Urban Health Clinic

Southeast Health Center

Expanding Capital Improvements - SOMA



Evaluation 3% MHSA 14/15 Budget* by Service Category Admin %6 Peer-to-Peer Suport Services %6 Housing Vocational Services 4%_ Development_ and Training 5% Workforce Mental Health and Early Intervention Promotion 21%

Treatement Recovery Oriented

*Projected \$34 Million

42%



255-3915 or marlo.simmons@sfdph.org Marlo Simmons, MPH MHSA Director

MHSA Program Name (by funding component)	MHSA Program Summary	Projected FY 14/15 Budget	Integrated Piz
	Community, Services and Supports (CSS) 80% of total MHSA revenue (after INN calculated) 51% must be allocated to serve FSP clients	Total CSS Budget: \$21,427,522	
SS Full Service Partnership 1. YF (0-5)	A central component of MHSA, Full Service Partnership (FSP) programs reflect an intensive and comprehensive model of case management based on a client- and family-centered philosophy of doing "whatever it takes" to assist individuals diagnosed with SMI or SED to lead independent, meaningful, and productive lives.	\$ 400,000	* Allocated \$400K (plus addition develop new FSP program for c families.
SS Full Service Partnership 2. YF (6-18)	Ten FSP programs serve a diverse group of clients in terms of age, race/ethnicity, and stage of recovery. Services include integrated, mental health treatment; intensive case management and linkage to essential services, housing and vocational support; and self-help support.	\$ 1,231,387	
SS Full Service Partnership 3. AY (18-24)		\$ 1,076,468	* FSP expansion described bel Manager for TAY.
SS Full Service Partnership 4. dults (18-59)		\$ 5,030,795	* Allocated \$600K (plus addition expand clinical capacity, housin Expansion includes Cantones and two Case Managers to senternatives of First FSP staff focused on client transitions friengagement in outpatient clinical properties of the company of the contraction of the contract
SS Full Service Partnership 5. Ider Adults (60+)		\$ 688,328	

Integrated Pla	614,548 * Conducting a feasibility study expand access to housing. Evaluating the impact of hou, permanent placements. * Purchasing 3 new units (Rosa earned from initial housing alk	1,004,689 * Expanded blingual (Cantone	* Plan to strengthen linkage by General Hospital, Psych Emerg, outpatient clinics.	* Planning to expand access to in Southeast San Francisco (D-1 community coalition to develo, Partnering with Trauma Trainir this effort.
Projected FY 14/15 Budget	\$ 614,548	\$ 1,004,689	\$ 931,770	\$ 647,225
MHSA Program Summary	Available to Full Service Partnership clients, the FSP Housing Program provides access to emergency stabilization housing, transitional housing for TAY, permanent supportive housing and other supports designed to help FSP participants gain access to and maintain housing. 71 units currently occupied - 9 new units still in the pipeline.	SS Other Non-FSP 1. Behavioral The Behavioral Health Access Center (BHAC) is a portal of entry into San Francisco's overall system of care. BHAC co-locates the following five behavioral health Access Center Health programs. 1) Mental Health Access for authorizations into the Private Provider Network, 2) the Treatment Access Program for assessment and placement into addiction and dual diagnosis treatment, 3) the Offender Treatment Program to place mandated clients into addiction and dual diagnosis treatment, 4) Centralized Opiate Placement Evaluation (COPE) and Office-Based Buprenorphine Induction Clinic (ODE) and Office-Based Buprenorphine Induction Clinic (ODE) of and Office-Based Buprenorphine Induction Clinic (ODE) for availation and placement into addiction and serves as a pharmacy, among its many services, provides specialty behavioral health medication packaging and serves as a pharmacy safety net for all CBHS clients.	PREP is an early intervention treatment program for schizophrenia and early psychosis for individuals between the ages of 16 and 30 to support symptoms remission, active recovery, and full engagement with coworkers, peers, and family members. PREP treatment services include: algorithm-based medication management, cognitive enballitation, cognitive behavioral therapy for early psychosis, multi-family groups (MRG), strengths-based care management, and neuropsychiatric and other advanced diagnostic services.	The Trauma and Recovery Project addresses the need for community-based, client-driven behavioral health intervention for individuals, families and communities who are impacted by violence. Services include outreach, assessment, crisis and short-term counseling, case management and mental health consultation to community organizations. The focus of treatment is recovery from traumatic
MHSA Program Name (by funding component)	SS Full Service Partnership Ousing Program	SS Other Non-FSP 1. Behavioral	SS Other Non-FSP 2. revention and Recovery in arly Psychosis (PREP)	SS Other Non-FSP 3. Trauma ecovery

Integrated Pi	1,474,087 * Contributing to the developm Homes (BHH), Behavioral Healt receive an increased level of cc	• Expanded to serve youth on Center High School.	* Will explore how ACA impac non-MediCal population.	
Projected FY 14/15 Budget	\$ 1,474,087	\$ 580,192	\$ 85,309	\$ 2,468,875
MHSA Program Summary	State Non-ESP 4. Behavioral health clinicians work as a member of a primary care team providing tegration of Behavioral Health services to patients in primary care clinics. Services include the delivery of brief, evidence-based and practical interventions, consultation to primary care team members, and self- and chronic-care management services. This program also supports primary care clinicians providing services in mental health clinics.	All youth detained for more than 72 hours at San Francisco's Juvenile Justice tegration of Behavioral Health (Center are assessed for behavioral health needs. Any identified needs are to the Juvenile Justice System presented to the Juvenile Probation Department to be addressed in case planning with local courts. The program connects the engagement of youth and families in appropriate and effective mental health services. MHSA also funds psychiatric services in the Youth Guidance Center Clinic — a clinic providing free primary health care, case management and psycho-social services to incarcerated youth ages 8-18.	Outher Non-FSP 6. Dual Dual diagnosis residential treatment and support is provided to individuals who do iagnosis Residential Treatment not have Medical coverage and who would otherwise not be eligible for services. An integrated model of care allows clients to receive the full spectrum of services, including: substance abuse treatment, mental health services, primary medical care, case management, parolee services, workforce development, and genderspecific residential treatment homes for adults with co-occurring disorders.	Peer-to-Peer Support Services provides individuals with lived experience in the mental health system the opportunity to assist their peers in developing the skills necessary to pursue meaningful roles in their lives. Many peer-support staff are graduates of the Peer Specialist Mental Health Certificate, a 12-week program designed to prepare consumers and/or family members with the skills & knowledge for entry-level employment in the behavioral/mental health system. In addition to the peer certificate programs, MHSA also funds a peer-run drop-in center and NAMI peer-led support and education groups in various CBHS clinics.
MHSA Program Name (by funding component)	SS Other Non-FSP 4. Itegration of Behavioral Health nd Primary Care	SS Other Non-FSP S. stegration of Behavioral Health sto the Juvenile Justice System	SS Other Non-FSP 6. Dual iagnosis Residential Treatment	SS Other Non-FSP 7. Peer-to- eer Supports: Clinic and ommunity-Based

Integrated Pla	* First impressions is a new (re project.				338,323 * Planning to hire a Wellness a Manager to collaborate with pi develop, implement and evalu, wellness and recovery practice Care.	
Projected FY 14/15 Budget	\$ 228,252	\$ 393,637	\$ 260,508	\$ 1,089,465	\$ 338,323	\$ 2,222,592
MHSA Program Summary	SS Other Non-FSP 8. Vocational Vocational services assist consumers and family members in securing and maintaining meaningful employment. Vocational services include job coaching, situational assessment, trainings, and job placement services in the areas of 1) information Technology 2) Basic Construction 3) Hospitality/Culinary and 4) Behavioral Health Services.	SS Other Non-FSP 9. Emergency stabilization units (ESUs) provide short-term housing stability for clients mergency Stabilization Housing who are homeless or have been discharged from the hospital or jail. The 25 ESUs are located within three single room occupancy (SRO) hotels in San Francisco. The units are available to clients referred by Full Service Partnership programs, Intensive Case Management programs and Central City Hospitality House.	MHSA funding has allowed for Direct Access to Housing to expand capacity to serve MHSA clients with the addition of an Intake Coordinator, focused on placing clients in the setting most appropriate to their needs, and a Nurse Practitioner.	MHSA ROUTZ 1AY Housing Partnership provides 40 housing slots at the Aarti Hotel (located at 391 Leavenworth Street) and 10 additional slots at scattered housing sites.	SS Other Non-FSP 12. In recognition of disparities in access for certain populations, this program spanding Outpatient MH Clinic expands the staffing capacity at outpatient mental health clinics to better meet the treatment needs of target populations such as older adults and monolingual communities.	The Admin budget includes indirect administrative costs that are 'incurred for a common or joint purpose and cannot be readily identified as benefiting only one MHSA program or project'. These costs typically include salaries and benefits of employees 1) working to administer MHSA funding (e.g., accounting, contracts), 2) working to further the principles of MHSA (e.g. cultural competence); 3) managing program planning and technical assistance activities. Admin expenses also include
MHSA Program Name (by funding component)	SS Other Non-FSP 8. Vocational ervices	SS Other Non-FSP 9. mergency Stabilization Housing 30% FSP)	SS Other Non-FSP 10. Housing lacement and Supportive ervices (Direct Access to ousing) (25% FSP)	SS Other Non-FSP 11. ROUTZ AY Transitional Housing (50% SP)	SS Other Non-FSP 12. xpanding Outpatient MH Clinic apacity	SS Admin

Integrated Piz			201,469 * Includes funding for 4th Ann Ceremony and consumer engal training for MHSA Advisory Cor		
Projected FY 14/15 Budget	\$ 661,071	Total PEI Budget: \$7,278,578	\$	5 1,119,589	\$ 417,226
MHSA Program Summary	Ofrect and indirect costs associated with collecting, analyzing, and using information to answer questions about MHSA projects, policies and programs, particularly regarding their effectiveness and efficiency and whether the program goals are appropriate and useful.	Prevention and Early Intervention (PEI) 20% of MHSA revenue (after ININ calculated) * Plan proposes allocating2% of PEI funding to CallMHSA for statewide PEI programs	Sharing Our Lives, Voices and Experiences (SOLVE) is a stigma elimination program. SOLVE trains people in the community who have been living with mental health challenges to share their personal experiences.	School-Based Mental Health Promotion – a collaboration of community-based organizations and San Francisco K-12 campuses – applies school-based best practices that address non-academic barriers to learning. With public schools serving as hubs, this initiative offers a range of supports and opportunities for children, youth, and their families to support student success by combining the full spectrum of prevention, early intervention, and linkages to behavioral health services.	Student support services are designed to increase university access and enrollment, enhance retention and maximize graduation rates among those at risk for mental illness, particularly members of underserved and underrepresented communities, and their family members who are preparing for careers in the public behavioral health field.
MHSA Program Name (by funding component)	SS Evaluation		El 1. Stigma Reduction	El 2. School-Based Mental ealth Promotion (K-12)	El 3. School-Based Mental ealth Promotion (Higher Ed)

Integrated Pis	* Working with providers to diperformance objectives for all health promotion programs. * Older Adult Peer-to-Peer prodeveloped in partnership with		
Projected FY 14/15 Budget	3,597,372	\$ 1,131,855	\$ 526,404
MHSA Program Summary	Population-focused mental health promotion services are typically delivered in community-based settings where mental health services are not traditionally provided. This program supports activities including, outrach and engagement, mental health promotion and psycho-social education, behavioral health screening and assessment, referrals and linkage, and short-term therapeutic services. Target populations include: * African American * Asian and Pacific Islander (API) * Native American * Latino/Mayan * Homeless Adults * Homeless or System Involved TAY (18-24) * Loffin * Loffi	The Mental Health Consultation and Capacity Building PEI subcategory is comprised of the following two programs: (1) Early Childhood Mental Health Consultation Initiative (ECMHCI) and (2) Youth Agency Mental Health Consultation (YAMHC). The ECMHCI is grounded in the work of mental health professionals who provide support to children, parents, and caregivers of San Francisco's youngest residents between the ages of 0-5. ECMHCI services are delivered in a variety of settings, including center-based and family child care, homeless and domestic violence shelters, permanent supportive housing facilities, family resource centers and substance abuse treatment centers. YAMHC provides consultation services to agencies who serve youth who are involved in the juvenile justice system or at-risk of being involved in the juvenile justice system.	Comprehensive Crisis Services (CCS) is a multidisciplinary, multi-linguistic program that provides acute mental health and crisis response services to children and adults. In addition to responding to MH crisis, the team also responds to incidence of gun violence.
MHSA Program Name (by funding component)	El 4. Population Focused fental Health Promotion and arly intervention	EI S. Mental Health onsultation and Capacity uilding	EI 6. Comprehensive Crisis ervices

Integrated Pla	* Activities include a focused 6 Based Programs.			* Partnering with DPH Populat explore developing a new mod peers from the African America	\$500,000 * Focused on priority population * Details TBD though CPP.		
Projected FY 14/15 Budget	\$ 143,401	Total INN Budget: \$2,766,085	\$ 215,735	\$ 150,000	000'005 \$	\$ 233,903	\$ 405,361
MHSA Program Summary	See CSS Evaluation for description evaluation expenses.	Innovation (INN) 5% of total MHSA revenue	The Peer Response Team (PRT) was created to provide peer support and assistance navigating the community and systems of care for individuals dealing with hoarding and cluttering challenges.	Engages faith-based organizations and families in Bayview/Hunter's Point and Visitaction Valley in order to increase mental health awareness, decrease stigma, and provide social support for consumers, community members, and peers.	A community-run grant making program modeled on the funding methodology commonly employed by venture capitalists in the for-profit sector and donor advised funds in a community foundation. Approved through the original INN plan, this program has yet to be implemented.	This pilot program adapted an existing nutrition and exercise protocol into a community mental health setting and integrated shopping and cooking skills training. This program educates consumers on atypical antipsychotics about the connection between diet and health, how to shop based on what is locally available, healthy cooking, and how to exercise to improve fitness and health.	Building Bridges, now in its second year, was designed to test a staffing model designed to promote interagency collaboration between DPH Community Health Programs for Youth (CHPY) clinics and San Francisco Unified School District to develop a streamlined system for professional linkages and referrals for care to better meet the behavioral health needs of youth living in the southeast neighborhoods of San Francisco. Funding supports new mental health staff at all about Teen Health Center (BTHC), 3rd Street Youth Center and Clinic, and
MHSA Program Name (by funding component)	El Evaluation		VN 7. Peer Response Team Sart of Peer-to-Peer Support ervices)	vn 8. Collaboration with the aith Community (part of opulation Focused Mental ealth Promotion)	VN 9. Mini Grants	IN 11. Alleviating Atypical ntipsychotic Induced fetabolic Syndrome (AAIMS) part of Vocational Services)	viv 12. Building Bridges linic/School of Linking Project Jart of Primary Care and ehavioral Health Integration)

Integrated Pla		200,000 * (Updated) INN proposal.	• (Updated) INN proposal.	* New INN proposal.		
Projected FY 14/15 Budget	300,000	200,000	259,807	300'000	201,279	Total WDET Budget:
<u> </u>	φ.	·γ-	у	w	\$	Tota
MHSA Program Summary	First Impressions (FI) is a basic construction and remodeling vocational program that will assist mental health consumers in learning marketable skills, receive onthe-job training and mentoring, and secure competitive employment in the community.	This locally approved INN funded pilot program seeks to learn how to develop and implement effective peer-to-peer support services in a network of organizations providing health, nutrition and social supports to seniors. Due to changes to the budget and scope of the project, a revised INN Proposal will be submitted to the MHSOAC (see Plan - Appendix B)	IN 16. Building a Peer-to-Peer This locally approved INN funded pilot program seeks to learn how to develop and port Network for implement effective peer-to-peer support services across a network of ransgender Individuals (part of organizations providing health and social supports to Transgender individuals. Due to changes to the budget and scope of the project, a revised INN Proposal will be submitted to the MHSOAC (see plan - Appendix A)	This plan includes a proposal for a NEW INN project (see Appendix B). The Mental Health Outreach Workers (MHOW) Training program aims to train San Francisco street outreach workers, exposed to constant community trauma, on how to best meet the mental health needs of the clients that they encounter in the field, and also how to best deal with one's own experience with trauma. There sub communities of outreach workers have been identified by our local CPP as frontline programs coming in contact with high rates of trauma. These are: Homeless Youth Outreach Workers Programs and Street Violence Outreach workers, and Asian Community Outreach workers. In total, a cohort of 60 outreach workers will be trained (20 per sub community).	see CSS Admin for description admin expenses.	Workforce, Development Education and Training (WDET)
MHSA Program Name (by funding component)	VN 14. First Impressions (part f Vocational Services)	VN 15. Building a Peer-to-Peer upport Network for Socially iolated Older Adults (part of opulation Focused Mental ealth Promotion)	VN 16. Building a Peer-to-Peer upport Network for ransgender Individuals (part of opulation Focused Mental earth Promotion)	VN 17. MH Certificate for lutreach Paraprofessionals Dart of Workforce evelopment)	N Admin	Workforce,

Integrated Pla	* Launched Trauma Training Ir * Funding evaluation of Welline groups * New INN proposal for Menta Training Program (see INN #17 * Continues Medicinal Drummi	New partnership with SFUSD behavioral health professions solun O'Connell High School. Updated goals from recent vassessment.	494,033 * New graduate level Intern C.		37,150 * Evaluating implementation c Recovery Groups	
Projected FY 14/15 Budget	\$ 648,653	\$ 269,365	\$ 494,033	\$ 141,949	\$ 37,150	Total CF/IT Budget: \$1,555,312
MHSA Program Summary	The MHSA supports trainings for health and social service providers to improve their capacity to provide high quality, culturally competent, recovery oriented services. Key components of this work include the implementation of Seeking Safety and Illness Management Recovery (IMR) groups, capacity building for providers serving youth and system-wide (12N) LGBTQ sensitivity training. This program also supports the Trauma Training Institute.	The Mental Health Career Pathways Program focuses on developing a workforce pipeline that will usher in the next generation of mental health and behavioral health practitioners and include members of underserved and underrepresented communities. Funded projects include a 'career exposure' program for high school students and a Community Mental Health Certificate program at City College.	CBHS, in partnership with SFGH and UCSF, established a Public Psychiatry Fellowstip Program to enable general psychiatry and child psychiatry fellows to work in CBHS community-based clinics, thereby providing experience and training on how to work in a community-based setting, with the good of enticing them into future community-based employment. This program also includes funding for a CBHS intern Coordinator to work collaboratively with CBHS staff, university and college graduate level (Master's level and PhD level) programs and graduate student interns to develop, implement and evaluate a centralized and coordinated public mental health internship/practicum programs.	see CSS Admin for description of admin expenses.	See CSS Evaluation for description evaluation expenses.	Capital Facilities/IT Plan proposes \$500k peryear of CSS funds be transferred to CF
MHSA Program Name (by funding component)	VDET 1. Training and TA	/DET 2. Career Pathways	VDET 3. Residency and sternships	VDET Admin	VDET Eval	Plan pr

MHSA Program Name (by funding component)	MHSA Program Summary	Projected FY 14/15 Budget	Integrated PI:
r 1. Consumer Portal	CBHS will provide consumers access to their CBHS EHR records via a new consumer portal.	\$ 121,654	* Not going to implement AVA proposed in original IT Plan. Df under development. * DPH will cover cost of new pc implications of implementation TBD.
r 2. Vocational IT (part of ocational Services)	Prepares consumers to provide information technology (IT) support services (i.e., desktop, help desk) at the CBHS IT Department through its Vocational Information Technology Training Program.	\$ 545,000	
13. System Enhancements	System Enhancements focus on improving the quality and efficiency of behavioral health services and include improving connectivity and IT infrastructure at behavioral health sites, supporting servers that host the Avatar application and other applications related to the delivery of services. System Enhancements also include the expansion of staff capacity to develop reports (clinical productivity, consumer outcomes, etc.) and maintain databases.	\$ 225,000	expenditure plan.
ſ Admin	see CSS Admin for description admin expenses.	\$ 163,658	
ap 1. Southeast Health Center	Renovation will resulting in a new Southeast Health Campus that will provide integrated services, co-location of five CBHS mental health programs: Child Crisis, Foster Care Mental Health, Family Mosaic Project, Children's System of Care; and the Health and Environment Resource Center (HERC). MHSA is making a \$2M contribution of capital facilities funding to this project. The timeline for development and expenditures is still TBD.	TBD	
ap 2. South of Market Mental lealth	Renovations at South of Market Mental Health Clinic to better serve MHSA populations and their families. Funds will be allocated to create a peer-run Wellness Center, a more welcoming environment, improve patient flow and increase clinical/staff space. Planning for this project has just begun.	300,000	* Establish annual allocation o improvements at mental healtl * First new capital project at SC
ap 3. TBD through CPP		\$ 200,000	200,000 * Balance of (\$500K) Capital Fa project TBD through communit







SAN FRANCISCO MENTAL HEALTH BOARD



Mayor Edwin Lee

1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD AGENDA

Wednesday, July 16, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 6:30 PM - 8:30 PM

Call to Order

Roll Call

GOVERNMENT DOCUMENTS DEPT

JUL 11 2014

Agenda Changes

Item 1.0 Directors Report For discussion.

SAN FRANCISCO PUBLIC LIBRARY

- 1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.
- 1.2 Public Comment

Item 2.0 Mental Health Service Act Updates and Public Hearings For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

- 2.1 Mental Health Services Act Updates: Public Hearing
- 2.2 Public Comment

Item 3.0 Action Items

For discussion and action.

- 3.1 Public comment
- 3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of June 18, 2014 be approved as submitted.
- 3.3 Proposed Resolution: Be it resolved that the Mental Health Board will not meet in the month of August 2014.
- 3.4 Proposed Resolution: Be it resolved that the Mental Health Board thanks the Mayor of San Francisco and the Board of Supervisors for recognizing the importance of mental health and substance abuse services.

Item 4.0 Presentation: Discussion Regarding the Mental Health Board duties and responsibilities

- $4.1\ Presentation:$ Discussion regarding the Mental Health Board duties and responsibilities.
- 4.2 Public Comment

Item 5.0 Reports

- 5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.
- 5.2 Report of the Co-Chairs of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.
 - 5.2a Report on Laura's Law debate between David Elliott Lewis, PhD and Stephen R. Jaffe, Esq.
- 5.3 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged and highlighted or

- issues of concern to the Mental Health Board that the board wishes to bring attention to.
- 5.4 Report by members of the Board on their activities on behalf of the Board.
- 5.5 New business Suggestions for future agenda items to be referred to the Executive Committee.
- 5.6 Public comment.

6.0 Public Comment

Adjournment

DISABILITY ACCESS

- 1. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and meeting rooms are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 2. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
- 3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, $3^{\rm rd}$ Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
- For Special Hearings at other locations, please call for directions or bus information.
 All locations will be accessible.
- 5. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at

public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689 Telephone: (415)554-7724 Fax: 4(15) 554-5163 E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD



1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental health

Unadopted Minutes

Mental Health Board Wednesday, July 16, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 San Francisco, CA 6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Ellis Joseph, MBA, Co-Chair; David Elliott Lewis, PhD, Co-Chair; Wendy James, Vice Chair; Virginia S. Lewis, MA, LCSW, Secretary; Terry Bohrer, RN, MSW, CLNC; Kara Chien; Andre Moore; Terence Patterson, EdD, ABPP; Harriette Stevens, EdD; Errol Wishom; and Idell Wilson.

BOARD MEMBERS ON LEAVE: Vanae Tran, MS

BOARD MEMBERS ABSENT: Sgt. Kelly Kruger

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of CBHS; Gene Porfido, Tom Waddell Health Clinic Advisory Board; Debra Hardy; Reuben David Goodman; and two additional members of the public.

CALL TO ORDER

Dr. David Elliott Lewis called the meeting of the Mental Health Board to order at 6:34 PM.

ROLL CALL

GOVERNMENT DOCUMENTS DEPT

Ms. Brooke called the roll.

SEP 04 2014

AGENDA CHANGES

SAN FRANCISCO PUBLIC LIBRARY

No changes to the agenda.

ITEM 1.0 DIRECTOR'S REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services. Ms. Robinson said on July 8, 2014 the Board of Supervisors approved the implementation of Laura's Law in San Francisco, also known as Assisted Outpatient Treatment (AOT). The law is designed for the extraordinarily hard-to-engage mental health clients. In the process of implementing AOT, she reviewed how other three California counties apply Laura's law services and programs. She pointed out that the approved San Francisco's version of AOT included a couple of stipulations.

One of the stipulations is the "Care Team" provision which is a group of stakeholders or licensed clinicians, peer specialists and family members. The team will work with a person who is hard-to engage and has a chronic, severe mental illness, at the initial court hearing to try to engage that person in a voluntary treatment program.

The second stipulation is the transport clause which means that should a patient/client warrant an immediate transport to a hospital, then, whenever possible and safe, an ambulance will be called for to provide transport rather than the police.

She added that the AOT implementation is expected to occur in FY 2015-2016 because the implementation process requires time for budget approval for contracts with community based organizations for full service partnerships and housing services.

- Ms. Virginia Lewis asked about the composition of the AOT advisory group.
- Ms. Robinson recalled, written into regulation of Laura's Law, a panel called the "Care Team" will be made up of an oversight committee of representatives from the sheriff office, a family liaison, a peer specialist, the public defender's office, the mental health director, and the director of Public Health.
- Dr. David Elliott Lewis asked what happens if there is a refusal to AOT treatment, since some people believe that AOT is a coercive tactic imposed by the court system.
- Ms. Robinson said CBHS will work closely with the district attorney's (DA) office to show a fact pattern of the referred person who meets necessary AOT conditions. Going in front of a judge for a full AOT hearing, the referred person can be represented by the public defender's office ensuring patient's rights are not violated. Although the hearing does not include a jury, the hearing can have witnesses too for the due process.
- Ms. Virginia Lewis inquired on the advisory group time duration.
- Ms. Robinson said it was yet to be determined whether the advisory group will be an ongoing engagement or just only for the implementation period.
- Dr. Patterson emphatically commented that the oversight or advisory committee seemed to be stocked up with public officials and only ONE family member and a peer specialist.
- Ms. Robinson also mentioned about the Central City Older Adult outpatient clinic on Van Ness. The clinic received an updated, remodeled front lobby from the First Impressions Vocational Remodeling Program. This vocational program was a collaboration with MHSA, UCSF Citywide and Asian Neighborhood Design.
- 1.2 Public Comment
- Ms. Hardy asked about AOT costs, itemizing AOT costs and language of Laura's Law.

Ms. Robinson estimated the initial implementation to be about \$1.4 million for about 30 San Franciscans. The "Care Team" advisory does not know yet about itemized costs. There will be a Request for Proposals (RFP) to provide services for Laura's Law clients/patients. The complete resolution including language of Laura's Law is available on \$FGov.org.

Mr. Porfido commented that there is no enforcement.

Ms. Robinson commented that AOT is really ONLY an engagement tool, not intended to be a coercive treatment at all. The Welfare and Institutions (WIC) Code Section 5150 has the criteria for follows up every six months for re-evaluation to see if AOT is still deemed necessary.

A Member of the public pointed out that there are religions prohibiting any modern medicine intervention because there is a notion that people with mental illness cought to suffer because it is "God's will." Therefore, a person with severe mental illness could invoke religious rights to undermine AOT.

A Member of the public mentioned that Laura's law expenses more likely will be much higher for the Department of Public Health of San Francisco when non-Laura's law rural counties do patient dumping in San Francisco.

Monthly Director's Report July 2014

Medication Orientation Class at OMI Family Center

Engaging clients in mental health treatment can be a challenge. OMI Family Center is in the process of restructuring the flow of patients throughout its clinic with the goal of promoting overall wellness and recovery. One aspect of this restructure is the implementation of Medication Orientation Classes. Historically, at OMI Family Center, clients scheduled for psychiatric medication evaluations would fail to show for these initial appointments at a rate of 66%, decreasing physician productivity and lowering timely access to care. The entire medical team at OMI Family Center developed the Medication Orientation Classes as a means to engage clients in treatment and set the tone for best practices related to safe medication prescribing at the clinic. The classes occur once per week and can accommodate up to six clients. They initially were led by a psychiatrist, but have been since delegated to the clinical pharmacist, Reisel Berger PharmD.

The classes start with a general overview of the clinic, emphasizing the importance of having a primary care provider and setting the expectation of wellness and eventual step down to primary care once stabilized. The importance of coming to appointments on time is mentioned, as is the proper process for requesting medication refills. Instructions on how to access crisis services is explained. Clients receive written documentation of the above. After this initial orientation, clients are split up and seen individually by the clinical pharmacist, nurse or a psychiatrist. General background information is collected including medical illnesses, current medications, medication allergies, primary care provider, recent hospitalizations, substance use and current suicidal/homicidal ideation. Vital signs are measured and evaluated. Consents for releases of information are explained and signed if necessary. Once this information is collected, the client is scheduled for a psychiatric medication evaluation. If the client fails to show for their initial evaluation, they must attend the Medication Orientation Class again. The class has decreased the no-show rate for psychiatric evaluation appointments by 53%.

In addition to the above information that is collected, the clinical pharmacist performs and documents some or all of the following in order to assist in safe, effective and timely access to medications; identifies prescription drug coverage plan and assists in navigation of pharmacy related-issues; runs a CURES patient activity report to identify concerning activity related to prescription controlled substances; designates preferred pharmacy in OrderConnect; documents primary care medications in OrderConnect and screens for drug interactions and other medication-related problems; performs medication reconciliation using client interview and primary care medication list (if available).

The Medication Orientation Classes assist the psychiatrists at OMI Family Center by preemptively identifying medication-related problems, and attempts to set the stage for wellness and recovery. Clients can be identified early on for interventions such as smoking cessation, metabolic monitoring and polypharmacy reduction. Clients benefit from this process as issues related to medication coverage can be identified and figured out sooner than usual. The process is modified as necessary to best serve the needs of the clients and staff at OMI family center.

2. Behavioral Health Court and Citywide Forensics' Supported Employment Program featured in

SAMHSA Newsletter

The June 2014 issue of the SAMHSA GAINS Center eNewsletter spotlighted the successes of San Francisco's Behavioral Health Court and the Citywide's Supported Employment Program. The article is copied below in full, and can be found at http://gainscenter.samhsa.gov/eNews/june14.html

San Francisco's <u>Behavioral Health Court</u> (BHC) was created in 2002 in response to the increasing numbers of mentally ill defendants cycling through the jails and courts. The mission of BHC is to enhance public safety and reduce recidivism of criminal defendants who suffer from serious mental illness by connecting them with community treatment services, and to find appropriate dispositions to the criminal charges by considering the defendant's mental illness and the seriousness of the offense. At any given time, there are approximately 140 defendants participating in BHC. Since its inception, 251 defendants have graduated from the program.

Upon acceptance into the program, BHC clinical providers develop an individualized treatment plan for each client that includes intensive case management, medication management, psychiatric rehabilitation, supportive living arrangements, and substance abuse treatment. Throughout their participation in BHC, clients attend regular judicial status hearings. In order to graduate, clients must participate in BHC for a minimum of one year, demonstrate consistent engagement in treatment, and remain arrest free.

BHC's Supported Employment Program, run by <u>Citywide Case Management Forensics</u>, provides additional support to clients with major mental illness by helping them to find and maintain employment. The goal is to provide competitive work in settings that match the capabilities and interests of clients who have traditionally faced barriers to competitive employment.

BHC is committed to providing a seamless continuum of care beginning with in-jail services, transitional care prior to release, and early release into the community. <u>Jail Psychiatric Services</u> (JPS) provides psychiatric treatment to inmates and is the first link to the continuum of care

model. JPS screens inmates for BHC eligibility, presents the case to the BHC legal team, and provides case management services as clients leave the jail and connect with community treatment providers. The continuum of care concept is one of the most innovative in the county and is responsible for enhancing a client's successful return to the community.

BHC has reduced costs and recidivism:

- On average, each participant saves the criminal justice system over \$10,000 during the first year of BHC (as compared to the previous year).
- BHC participation reduces the probability of a new criminal charge by 26 percent in the 18 months after entering the program.
- BHC participation reduces the probability of a new violent criminal charge by 55 percent in the 18 months after entering the program, when compared to other mentally ill inmates.

In 2008, BHC received a 'best practices' <u>award</u> from the <u>Council on Mentally III Offenders</u> (COMIO). Recipients of this award are recognized for successfully managing a program that reflects best practices in California, for treating mentally ill patients, to decrease the likelihood of their involvement with law enforcement, and to increase the likelihood of an effective transition back into the community.

3. Transgender Outreach Project

The Transgender Outreach Project, to better serve this community, promotes safer sex practices by providing condoms, lube, and information to encourage safer sex. We believe in taking care of ourselves and have peer-to-peer conversations about health care and behavioral health. We promote wellness and recovery and trust that healthier lives happen through education, jobs, and appropriate support. This project is peers helping peers in every aspect of their life: the place they live; the people they live with; their friends and acquaintances; the things they do or don't do; the things they own; their work; even things like pets, music, and how it affects how you think and feel. If they are concerned about their mental health or the quality of their life, with support we can do many things to help them make the changes in their life that will help them feel much better about who they are as transgender people and help them think about those areas of their life that may need to be changed with positive changes they could make by having a team.

The Transgender Outreach Project is about:

- Creating Change
- · Regaining Control of their Life
- . Improving the Lifestyle we live
- · Home/Where and Who we live with
- · Employment or Careers
- Providing Education
- Health Care Services
- Behavioral Health Services
- · Loving yourself
- · Support with Groups

A group is held every Thursday from 3:00—4:30pm at 1380 Howard Street. For more information, please contact Jami Armstrong at 415-255-3615.

4. California Mental Health Director's Association and County Alcohol and Drug Program Administrators Association of California Alcohol Have Merged

The CMHDA and CADPAAC combining to be one association is in progress. At the June 12 CMHDA/CADPAAC joint All Member meeting a new association name was selected – the County Behavioral Directors Association of California (CBHDA). CBHDA will advocate for quality, cost-effective, culturally competent behavioral health care for Californians. The necessary documents for name change, by-laws updates, etc., are being prepared. Staff has also interviewed several design/website companies to create logo and website design options.

Until further notice, CBHDA staff emails remain @cmhda.org, and the website www.cmhda.org,

5. TAY Drop-In Center Directory

After more than a year of extensive research, outreach and editing, CAYEN is excited and proud to announce our first release of the <u>TAY Drop-In Center Directory</u>! This directory contains drop-in centers specifically serving Transition Age Youth in California and is a great resource for anyone looking to find mental health resources within their county, whether you're a provider, someone seeking services, or just interested in what's available.

Included in this Directory is a list of drop-in centers serving Transition Age Youth organized by county, as well as a resource section that includes mental health crisis lines, youth advocacy programs, and other mental health resources.

I highly encourage you to distribute and share this Directory with your networks, so that more of the public is aware of what services are available to TAY in their area.

At this time, we are only offering this Directory electronically, and a copy will be available on our website. We'd also like for you to be aware that this document is a living document, and updates will be made on an annual basis.

If you know of any additional organizations or resources that you think should be included, please send us an email at reachout@ca-yen.org.

We hope you and others find this Directory helpful. Again, please help us distribute this important information!

(See Attachment 1 to view the Directory)

6. SB 1045 has been Signed by Governor Brown

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions.

Existing law also provides for the Medi-Cal Drug Treatment Program (Drug Medi-Cal), under which each county enters into contracts with the State Department of Health Care Services to provide various drug

treatment services to Medi-Cal recipients, or the department directly arranges to provide these services if a county elects not to do so. For purposes of Drug Medi-Cal, existing law requires that the maximum allowable rate for group outpatient drug free services be set on a per person basis and requires that a group consist of a minimum of 4, and a maximum of 10, individuals, at least one of which must be a Medi-Cal eligible beneficiary.

This bill would instead require a group to consist of a minimum of 2 and a maximum of 12 individuals, at least one of which is a Medi-Cal eligible beneficiary. The bill would also require, if one of the individuals in a 2-member group is ineligible for Medi-Cal, that the individual who is ineligible for Medi-Cal be receiving outpatient drug free services for a substance abuse disorder diagnosed by a physician.

BILL TEXT

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 14021.6 of the Welfare and Institutions Code is amended to read:

- (a) For the fiscal years prior to fiscal year 2004–05, and subject to the requirements of federal law, the maximum allowable rates for the Medi-Cal Drug Treatment Program shall be determined by computing the median rate from available cost data by modality from the fiscal year that is two years prior to the year for which the rate is being established.
- (b) (1) For the fiscal year 2007–08, and subsequent fiscal years, and subject to the requirements of federal law, the maximum allowable rates for the Medi-Cal Drug Treatment Program shall be determined by computing the median rate from the most recently completed cost reports, by specific service codes that are consistent with the federal Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Sec. 300gg).
- (2) For the fiscal years 2005-06 and 2006-07, if the State Department of Health Care Services and the State Department of Alcohol and Drug Programs determine that reasonably reliable and complete cost report data are available, the methodology specified in this subdivision shall be applied to either or both of those years. If reasonably reliable and complete cost report data are not available, the State Department of Health Care Services and the State Department of Alcohol and Drug Programs shall establish rates for either or both of those years based upon the usual, customary, and reasonable charge for the services to be provided, as these two departments may determine in their discretion. This subdivision is not intended to modify subdivision (h) of Section 14124.24, which requires certain providers to submit performance reports.
- (c) Notwithstanding subdivision (a), for the 1996–97 fiscal year, the rates for nonperinatal outpatient methadone maintenance services shall be set at the rate established for the 1995–96 fiscal year.
- (d) Notwithstanding subdivision (a), the maximum allowable rate for group outpatient drug free services shall be set on a per person basis. A group shall consist of a minimum of 2 and a maximum of 12 individuals, at least one of which shall be a Medi-Cal eligible beneficiary. For groups consisting of two individuals, if one of the individuals is ineligible for Medi-Cal, the individual who is ineligible for Medi-Cal shall be receiving outpatient drug free services for a substance abuse disorder diagnosed by a physician.
- (e) The department shall develop individual and group rates for extensive counseling for outpatient drug free treatment, based on a 50-minute individual or a 90-minute group hour, not to exceed the total rate established for subdivision (d).
- (f) The department may adopt regulations as necessary to implement subdivisions (a), (b), and (c), or to implement cost containment procedures. These regulations may be adopted as emergency regulations in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. The adoption of these emergency regulations shall be deemed an emergency necessary for the immediate preservation of the public peace, health and safety, or general welfare.

7. San Francisco's Board of Supervisors Approves Laura's Law Offers Option to Family Members Assisted Outpatient Treatment Focused on Specific Small Group Statement by Barbara A. Garcia, Director of Health

With today's progress toward passage of Laura's Law, or Assisted Outpatient Treatment, San Francisco is closer to providing another intervention for family members who are concerned for the welfare of their loved ones who struggle with severe mental illness. The goal is to help prevent adults with mental illness from cycling through the emergency and acute hospitalizations that could have been avoided with successful engagement in outpatient treatment in the community. This provides the opportunity to improve their quality of life and bring peace of mind to their families.

In keeping with San Francisco's values, our version of Assisted Outpatient Treatment strengthens the multiple opportunities to engage individuals in voluntary treatment before and during the court process. In addition, our ordinance ensures that individuals who are referred but do not meet the strict eligibility requirements of the law are offered the mental health services they need.

The law includes the creation of a Department of Public Health team to oversee its implementation. The team will be made up of a forensic psychologist, a peer who has dealt with mental illness and a family liaison who has a relative with mental illness. The team will try to engage a mentally ill person referred under Assisted Outpatient Treatment with voluntary treatment first.

While it will be helpful to some patients, Assisted Outpatient Treatment is not a panacea for the problem of mental illness in our society. It is a very specific tool, focused on a narrow population – those with documented severe mental illnesses, whose conditions are deteriorating, and who are not engaged in treatment

To qualify, the person must have a serious mental illness that resulted in a psychiatric hospitalization or incarceration twice in the past three years or resulted in violent behavior to themselves or someone else in the past four years. Though outpatient treatment can be court-ordered, medication cannot.

We expect Laura's Law/Assisted Outpatient Treatment to apply to fewer than 100 people in San Francisco. It will not solve the problem of chronically homeless, mentally ill people.

To ensure it is done right, the law also provides for more training and education for staff members who will implement Laura's Law and make decisions about involuntary treatment. An advisory group to oversee its implementation would also provide another safeguard.

In the event that someone is compelled by the court to seek outpatient treatment, we hope that they would access the care and experience improvements, including reduced involuntary hospitalizations.

Assisted Outpatient Treatment will complement the Department of Public Health's comprehensive behavioral health system that provides voluntary client-centered, culturally competent, evidence-based mental health and substance abuse treatment services to more than 30,000 residents annually. The system also provides involuntary care for people who are deemed to be a danger to themselves or others, or gravely disabled due to mental illness. San Francisco's services cover a full spectrum from prevention to crisis, acute and long-term care, with a goal of wellness and recovery for all clients.

Laura's Law will add another option for family members seeking to help a severely mentally ill relative. We welcome this effort to expand care to those who need it.

8. Central City Older Adults at 90 Van Ness Lobby Reimagined by First Impressions

The First Impressions Vocational Remodeling Program, a MHSA collaboration with UCSF Citywide outpatient behavioral health program and in collaboration with Asian Neighborhood Design, completed the front lobby makeover for Central City Older Adults, the older adult focus specialty behavioral health outpatient clinic located at 90 Van Ness Avenue.

The total time involved seven consecutive Fridays through the months of late May and most of June. During the interim of the construction, patients were re-directed to an alternate waiting area. The First Impressions crew was very responsible and did a wonderful job of being low-key and non-intrusive.

After garnering feedback from the staff and clients, the First Impressions Team set out transforming the relatively small waiting area at Central City Older Adults into a warm, welcoming and modern environment for patients.

In an acknowledgement of our commitment to environmental wellness, a "Living-Wall" was constructed, new high quality low gloss flooring was installed, and an amazingly space saving wall mounted multiple display fan improves client access to required postings, artwork, and maps. A new work-station was designed with the latest horizontal lattice style wood work, again, conveying a sense of organization and warmth, while ensuring added separation and buffering of PHI material from the waiting room area. Additional front lobby improvements will take the form with the eventual inclusion of ergonomic chairs, and tables.

Great job First Impressions! We now have a first rate waiting area at Central City Older Adults and we have clients learning marketable skills.





9. San Francisco's Collaborative Court Programs

Attached is a new document from San Francisco's Collaborative Court Programs. The focus is on Program Activities for 2013. The statistics presented in this report vary between programs, largely based on length of time in operation and the availability of data. We are open to feedback about your agency's informational needs, which will help enhance future reports we provide to the community.

The Programs highlighted in this document include: Adult Drug Court, Behavioral Health Court, Community Justice Center, Dependency Drug Court, Intensive Supervision Court, Juvenile Reentry Court, San Francisco Achievement Collaborative Team, and the Veterans Justice Court.

Thank you again to all of our partners. This is a collaboration in the truest sense.

(See Attachment 2)

10. Community Program Planning best practices for MHSA-funded programs statewide

In June, Diane Prentiss, Program Evaluator in the Office of Quality Management for CBHS, was invited to represent San Francisco at a discussion of Community Program Planning (CPP) best practices for Mental Health Services Act (MHSA)-funded programs statewide.

The purpose of the Promising Practices Summit was to discuss the results of the statewide evaluation of community planning practices and to identify promising practices in alignment with MHSA principles, and have the potential to lead to positive client and community outcomes. This highly participatory meeting helped identify and prioritize promising CPP practices to be included in guidelines, training, and technical assistance for counties and MHSA stakeholders.

Other counties in attendance were: Los Angeles, Stanislaus, Modoc, Almador and San Bernadino. In addition, Mental Health Association of SF participated, as did members and advocates from other peer-led organizations (PEERS, Consumer Self Help). The lively discussion revealed top priorities in engaging community members in program planning, such as working with key principles in mind and utilizing data-informed practices, as listed below.

CPP Guiding Principles

- 1. Be strategic
- 2. Focus on strengths and aspirations
- 3. Develop partnerships
- 4. Be accountable
- 5. Build capacity
- 6. Be inclusive
- 7. Be prepared to share power and release control
- 8. Plan for the long-haul

CPP Data-informed Practices

- 1. Use the MHSA principles as a foundation to develop and conduct all CPP activities
- 2. Establish flexibility with CPP staffing
- 3. Use multiple methods of outreach to increase access and input
- 4. Emphasize the CPP process as a local planning process driven *by* the community *for* the community
- 5. Maintain a high level of engagement and regard for stakeholder participation
- 6. Train stakeholders to participate meaningfully in CPP activities
- 7. Make the purpose, expectations, and impacts of stakeholder participation explicit
- 8. Dedicate efforts to increase accessibility by making reasonable accommodations
- Plan ahead, be well-organized and respect stakeholders' cultures

11. Trauma Informed Systems Initiative

Trauma is a public health issue and can impact any of us regardless of age, gender, class or any other aspect of culture, and can have lasting effects on the way we experience our day to day lives, our relationships, and even the way our brains are wired. Trauma has been clearly linked to a higher risk of serious diseases, such as those of the heart, lungs, and liver. In response, San Francisco DPH is joining other localities such as the City of Philadelphia and the State of Maine in implementing a system-wide initiative to help us understand the effects of trauma on ourselves, our colleagues, the communities we serve, and our system. Through this understanding, we will be able to more effectively respond to trauma's effects and increase wellness and resilience for everyone in the DPH system. A key component of the initiative is a system-wide training of our workforce that will develop a foundational understanding and shared language, and that can begin to transform our system from one that asks "what is wrong with you?" to one that asks "what happened to you?" Our vision is to develop a new lens with which to see our interactions that reflects an understanding of how we, our colleagues and the people we serve experience trauma in both shared and unique ways. We'll explore ways to respond through this lens guided by six principles of trauma-informed systems: Trauma Understanding, Safety and Stability, Cultural Humility and Responsiveness, Compassion and Dependability, Resilience and Recovery, and Empowerment and Collaboration.

Participants will be guided through this half-day, interactive training by members of our Trauma Informed Systems workgroup, ending with each participant identifying specific and attainable ways to respond in a trauma-informed way within their own roles in their own work setting.

Learning Objectives

- Understand the effect of chronic stress and trauma in our lives and in the lives of those we serve
- · Understand fundamental effects chronic stress and trauma on our brains and bodies
- Learn about the impact of organizational trauma on individuals & on organizational functioning
- · Understand and apply principles of trauma-informed systems
- Learn strategies to develop individual & organizational resilience in order to create and maintain more healthy, trauma-informed response

The intended audience is DPH staff, only. The course is repeated, please register only for one. There are no CEs being offered.

To register, please visit:

https://101g-

xnet.sfdph.org:4443/pls/vrds_htmldb/f?p=111:1:0::NO::F111_HETC_PROGRAM_PK,F111_CART_N_AME:2363,SC_OQM_

For more information on how to attend one of our trainings and the Trauma Informed Systems Initiative, contact our Coordinator, Kaytie Speziale at <u>Kaytie.speziale@sfdph.org</u> or 415-255-3614.

Tell us your clinic story and we will add it to the upcoming Director's Reports.

Past issues of the CBHS Monthly Director's Report are available at: http://www.sfdph.org/dph/compg/oservices/mentalHh/CBHS/CBHSdirRpts.asp To receive this Monthly Report via e-mail, please e-mail reanna_albert@sfdph.org

ITEM 2.0 MENTAL HEALTH SERVICE ACT ANNUAL UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Annual Update: Public Hearing

No MHSA updates were reported at the meeting.

2.2 Public comment

No public comments.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 PROPOSED RESOLUTION Be it resolved that the minutes for the Mental Health Board meeting of June 18, 2014 be approved as submitted

Unanimously approved

3.3 PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will not meet in the month of August 2014.

Unanimously approved

3.4 PROPOSED RESOLUTION: Be it resolved that the Mental Health Board thanks the Mayor of San Francisco and the Board of Supervisors for recognizing the importance of mental health and substance abuse services, as indicated by zero cuts to the budgets for Community Behavioral Health Services.

Unanimously approved

ITEM 4.0 PRESENTATION: DISCUSSION REGARDING THE MENTAL HEALTH BOARD DUTIES AND RESPONSIBILITIES

4.1 Presentation: Discussion regarding the Mental Health Board duties and responsibilities.

Dr. David Elliott Lewis said the executive committee wanted the board to reflect back to the 2013 Board Retreat to prioritize topics both in depth and in breadth for the next three board meetings from September, October and November.

He also, asked the board to take into consideration the recent passage of Laura's Law implementation for San

Ms. Brooke read the list of issues highlighted at the December 7, 2013 2013 Board Retreat.

- CBO's are unable to renew their leases because they are priced out of the market, and there is a big concern that community programs may become inaccessible.
- Seniors are vulnerable to isolation and loneliness and their senior mental health disorders are not being addressed adequately.
- 3. There are insufficient inpatient emergency psychiatric beds at SFGH
- 4. There is a lack of mental health treatment by local emergency rooms.
- 5. The board should submit editorials to the media
- 6. San Francisco needs to have after-hours mental health crisis response.
- 7. Mental health services in jails are inadequate due to an increase in criminalization of people with

- There is a revolving door of acute patients with mental illness due to premature discharge and improper follow up care.
- Board members need to educate themselves on the Lanternman Petris Short Act (LPS) policies and issues.
- 10. The budget inequities perpetuate a dual system of public vs. private care.
- 11. There is a strong correlation between trauma and violence and mental health and substance abuse.
- 12. Inaccurate mental illness diagnosis can manifest into devastating impact.
- 13. There is a 6.5 year gap delay between mental illness symptoms and receiving proper treatment.
- 14. The board would like to see presentations from Ron Patton on conservatorship and Joan Cairns on jail psychiatric care.
- Dr. Patterson expressed his priorities for items 7 and 11. He also stressed the need for coordination such as having a site visit and then a presentation from that program, followed by the development of action items.
- Ms. Wilson said that she would like to see a program review training to be given before board members go out to do actual site visit.

She also would like follow up presentations regarding a lack of acute inpatient emergency psychiatric beds at San Francisco General Hospital.

- Dr. Patterson suggested an in-depth presentation on psychiatric beds at San Francisco General Hospital, since there is a chronic shortage of psychiatric beds at SFGH.
- Ms. Virginia Lewis shared that private hospitals in San Francisco have routinely turned away non-privately insured patients. There is an under capacity for private hospitals' psychiatric beds, but non-privately insured people cannot utilized the available beds.
- Dr. David Elliott Lewis asked about the declining trend of available beds in board and care homes in San Francisco.
- Ms. Robinson suggested extending an invitation to Acting Director Kelly Hiramoto, LCSW from Community Care Management Transition to talk about residential care facility/elder (RCF/E) housing.
- RCF/E is and provides 24 hours services for adults and older adults with mental illness and dual diagnosis and encourages independence in as many areas of living as possible from medication dispensing to adherence.
- Ms. Chien offered to be a co-presenter with Sgt. Kelly Kruger in, item 9, Lanternman Petris Short (LPS) Act. Ms. Chien is a lawyer for the Public Defender's Office and Sgt. Kruger is with the San Francisco Police Department, and both are board members and can offer different views on WIC 5150, from San Francisco Police Department and the Public Defender's Office perspectives.
- Dr. Patterson would like the board to focus on Psychiatric Emergency Service (PES) and a psychiatric ward site visit.

July 16, 2014

The following three topics were prioritized for the remaining of the year.

1 Jail Psychiatric Care follow up.

- 2 Bed Flow for people from Psychiatric Emergency Services (PES) to Acute Beds at San Francisco General Hospital to transitional community bed placement to permanent housing such as Cooperatives and Board and Care homes.
- Lanternman Petris Short (LPS, Welfare and Institutions Code 5150 that states when a person can be hospitalized for being a danger to themselves, a danger to others or gravely disabled. How is this law implemented in Sam Francisco?
- Ms. Robinson suggested an invitation be extended to Institute of Medical Quality in San Francisco www.innq.org to hear about the standards they have for mental health care in jails. She believed that the institute would provide the board both in-depth and in breadth on care deliverance.

According the institute, "The Institute for Medical Quality's (IMQ) mission is to be an innovative leader in improving the quality of care provided to patients across the continuum of health care by encouraging, developing and implementing programs which effectively measure and improve the quality of care provided to people in California and beyond.

In support of its mission, IMQ will conduct educational programs and will evaluate health care delivery. It will be responsive to diverse constituencies, and its outcomes will be patient-oriented and population-based."

- Mr. Moore said there is not enough support to fund trauma related care for the Bayview View Hunter's Point in District 10. He noticed a trend in attrition of programs and services. For BVHP youth at-risk of community violence, they don't have after school programs available to keep them occupied during their free time. For example, there are no tutors to help with homework after school or academic enrichment programs.
- Ms. Robinson said DPH responded to Lena Miller's BVHP report with more allocation of resources started in FY 2013-2014.
- Mr. Wishom has observed PES as both a consumer and a peer and noted that there are often empty beds.
- Ms. James said she can provide her personal experience at PES.

The following recommendations were made in the FY 2013-2014 Annual Report in Chairs letter:

- Add street signage to all community mental health clinics to inform their neighborhoods and those traveling through of the free mental health services available.
- Run a public education campaign to inform all of the availability of free community mental health services. This should occur through multiple ways. These can include advertising on billboards, flyers handed out at street fairs and outdoor public events as well as radio spots. All flyers should include a phone number and a website to learn more.
- Expand and improve mobile outreach by including multi-disciplinary teams with peers. Have them cannas areas of high need such as the Tenderloin, Western Addition and South East sectors of the city.
- Decrease the wait time to be connected to mental health treatment after initial intake, assessment or triage.
- Each community mental health clinic should have a mobile outreach team that canvases the surrounding neighborhood to inform and engage residents. Each team of at least 3 should include a peer.

Create a citywide mental health resource list made available through a website, phone number and an Android and iPhone app.

4.2 Public Comment

Mr. Porfido said he was on the AOT committee. He would like to know what peer services are available for consumers.

Dr. David Elliott Lewis said Mental Health Association (MHA-SF) has compiled a list of peer-based services

Ms. Hardy asked about 5150's.

Ms. Robinson explained that SFPD can write a 5150 report, but it is up to a psychiatrist to make the actual determination, if 5150 is warranted. In other words, just because someone was brought into PES under 5150 for evaluation does not mean that hospitalization automatically happens. If the referred person was deemed not to qualify for medical necessary, then no further treatment is needed.

A member of the public observed and is concerned about the general public perception of 5150 being seen more as criminal rather than medical. Compounding that attitude is the fact the jail system has become the default institution for people with mental illness, if, 5150 records are publically accessible just like the criminal records then both family members, and the 5150 person are vulnerable to exploitation and prejudice when mental illness is a criminalized genetic trait.

ITEM 5.0 REPORTS

For discussion

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke reminded the board about the following:

- She announced there are currently four seats available on the Mental Health Board: mental health professional, family member, public interest and consumer seats.
- She will be on vacation Tuesday July 22nd Tuesday July 29th, next week, and will not be answering her cell phone or checking email.
- July 30th, 2014 is the San Francisco Health Network's Lunch Party. It is the delivery system for San Francisco.
- September 10th, 2014 is the Consumer Family Member Conference. The key note speaker will be Judith Martin, MD who specializes in addiction recovery.
- September 11th, 2014 is Vicarious Trauma and Self Care Training at the Oakland City Center.

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Dr. David Elliott Lewis reported that he received a Metropolitan Transportation Agency response thanking the board for the Golden Gate Bridge resolution, which was about building a safety net for the Golden Gate Bridge to save lives of people attempting suicide by iumping off the Bridge.

- 5.2a Report on Laura's Law debate between David Elliott Lewis, PhD and Stephen R. Jaffe, Esq.
- Dr. David Elliott Lewis reported briefly on Laura's Law. AOT will be implemented in San Francisco, and he hoped it will be implemented in a way that helps people with very severe mental illness who are hard-to-engage in treatment, although he opposed implementation of the law earlier.
- 5.3 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

None mentioned.

- 5.4 Report by members of the Board on their activities on behalf of the Board.
- Dr. Patterson participated in the Laura's Law debate on KPFA radio on July 8, 2014. The congenial dialogue was between Dr. Terence Patterson a professor of psychology at the University of San Francisco as well as a member of the Mental Health Board of SF and Anna Krieger a Civil Rights Litigation Fellow at Disability Rights CA.
- Ms. Virginia Lewis reported that she met with supervisors: Norman Yee, Mark Farrell, and Malia Cohen.
- Dr. David Elliott Lewis met with supervisors; Norman Yee, and Eric Mar
- Ms. Bohrer met supervisor Norman Yee and legislative aides of supervisors David Chiu, Mark Farrell and Jane Kim.
- Ms. Chien met with Supervisor Mark Farrell and legislative aide of Supervisor Jane Kim. Supervisor Jane Kim read Dr. David Elliott Lewis' letter on opposing Laura's Law for San Francisco to the board of supervisors.
- 5.5 New business Suggestions for future agenda items to be referred to the Executive Committee.
- Ms. Bohrer volunteered to be a program review trainer during the December 2014 retreat. Idell Wilson volunteered to assist her.
- 5.6 Public comment.

No comments were made.

ITEM 6.0 PUBLIC COMMENTS

- Ms. Hardy asked for clarification about the transport amendment to the Laura's Law, AOT,
- Ms. Robinson said treating clinicians can request that a client they have 5150'd be transported by an ambulance rather than by a police.

A member of the public believed being transported by ambulance rather than police would decriminalize and de-stigmatize people with mental illness. Well respected scientific literature has published studies showing that there is no increased violence rates of people with mental illness and the general population.

ADJOURNMENT

Meeting adjourned at 8:35 PM.







Mayor Gavin Newsom 1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mentalhealthboardsf.org www.mentalhealthboardsf.org www.sfgov.org/mental health

The Mental Health Board meeting scheduled for August 20, 2014

CANCELLED

The next meeting of the Board will be Wednesday,
September 17, 2014,
at
City Hall
One Carlton B. Goodlett Place

Room 278
San Francisco, CA

GOVERNMENT

DEC 17 201

SAN FRANCISCO PUBLIC LIBRARY

An agenda for the September meeting will be posted online at www.sfgov.org/mental_health or can be viewed at the Government Center at the San Francisco Public Library or at the Clerks Office of the Board of Supervisors in room 244, City Hall.







SAN FRANCISCO MENTAL HEALTH BOARD



Mayor Edwin Lee

1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental health

MEETING OF THE MENTAL HEALTH BOARD **AGENDA**

Wednesday, September 17, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 6:30 PM - 8:30 PM

Call to Order

GOVERNMENT DOCUMENTS DEPT

Roll Call

SEP 0 4 2014

Agenda Changes

SAN FRANCISCO PUBLIC LIBRARY

Item 1.0 Directors Report For discussion.

- 1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.
- 1.2 Public Comment

Item 2.0 Mental Health Service Act Updates and Public Hearings For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

- 2.1 Mental Health Services Act Updates: Public Hearing
- 2.2 Public Comment

Item 3.0 Action Items
For discussion and action.

- 3.1 Public comment
- 3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of July 16, 2014 be approved as submitted.
- Item 4.0 Presentation: Psychiatric Emergency to a Bed in the Community; How does it Work? John Rouse, MD, Department of Psychiatry, Psychiatric Emergency Services, San Francisco General Hospital and Kelly Hiramoto, Director of Placement, Behavioral Health Services, Department of Public Health.
 - 4.1 Presentation: Psychiatric Emergency to a Bed in the Community; How does it Work? John Rouse, MD, Department of Psychiatry, Psychiatric Emergency Services, San Francisco General Hospital and Kelly Hiramoto, Director of Placement, Behavioral Health Services, Department of Public Health.
 - 4.2 Public Comment

Item 5.0 Reports

For discussion

- 5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.
- 5.2 Report of the Co-Chairs of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.
- 5.3 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.
- 5.4 Report by members of the Board on their activities on behalf of the Board.
- 5.5 New business Suggestions for future agenda items to be referred to the Executive Committee.

5.6 Public comment.

6.0 Public Comment

Adjournment

DISABILITY ACCESS

- 1. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and meeting rooms are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 2. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
- 3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, $3^{\rm rd}$ Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
- 4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
- 5. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689 Telephone: (415)554-7724 Fax: 4(15) 554-5163 E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD



1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental health

Unadopted Minutes

Mental Health Board
Wednesday, September 17, 2014
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
San Francisco, CA
6:30 PM - 8:30 PM

BOARD MEMBERS PRESENT: Ellis Joseph, MBA, Co-Chair; David Elliott Lewis, PhD, Co-Chair; Wendy James, Vice Chair; Virginia S. Lewis, MA, LCSW, Co-Secretary; Terry Bohrer, RN, MSW, CLNC; Andre Moore; Terence Patterson, EdD, ABPP; Harriette Stevens, EdD; and Idell Wilson.

BOARD MEMBERS ON LEAVE: Kara Chien; Vanae Tran, MS; Sgt. Kelly Kruger, and Errol Wishom, Co-Secretary.

BOARD MEMBERS ABSENT:

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of CBHS; Gene Porfido, Tom Waddell Health Clinic Advisory Board; Reuben David Goodman; Toni Parks; Jason Wolfson; Paul Hickman, Family Services Agency; Charles Pontious, Santa Clara County Mental Health Board; Mercedes Crouser; and three additional members of the public.

CALL TO ORDER

Mr. Joseph called the meeting of the Mental Health Board to order at 6:38 PM.

He introduced Charles Pontious from the Santa Clara County Mental Health Board who was visiting our meeting.

ROLL CALL

Ms. Brooke called the roll

AGENDA CHANGES

No changes to the agenda.

ITEM 1.0 DIRECTOR'S REPORT

GOVERNMENT DOCUMENTS DEPT

OCT -8 2014

SAN FRANCISCO PUBLIC LIBRARY

- 1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.
- Ms. Robinson announced that the first meeting of the Assisted Outpatient (Laura's Law) Care Team met today. The Care Team is composed of members from the Sheriff's department, Police department, City Attorney's office, Public Defender's office, and community behavioral health organizations. Two members of the Mental Health Board are on the Care Team. Dr. David Elliott Lewis represents the Mental Health Board and Ms. Kara Chien represents the Public Defender's office. There will be four more two-hour meetings. Since the Board of Supervisors approved Assisted Out-patient Treatment after the FY 2014-2015 final budget, the implementation will not happen until FY 2015-2016.

Coming out of the Mayor's CARE task force this summer was the peer respite recommendation. San Francisco will offer a hybrid respite model that is composed of both peers and mental health professionals. It is expected that by November 1, 2014, a hybrid peer respite program will be instituted in San Francisco. The facility will be opened for clients/patients to come voluntarily to engage with peers. Additionally, there will be a peer warm line to help people with de-escalation and just to talk with someone.

She announced that from October 7-9 is the Each Mind Matters training event at CCSF Ocean Campus on 50 Phelan Ave in San Francisco at Ram Plaza from 10 am-2 pm.

Ms. Bohrer asked how much money was allocated for the peer respite program.

Ms. Robinson said the peer respite program is well funded by a three-year grant with the amount to be over a million dollars.

1.2 Public Comment

Mr. Goodman wondered how vocational services programs work.

Ms. Robinson said the director of the vocational services program will work with programs serving consumers. These programs provide job related training and broaden outreach efforts.

Mr. Hickman is from Family Services Agency (FSA) and commented that he was glad that DPH responded so quickly to implement a peer respite program.

Monthly Director's Report September 2014

1. New Director of Vocational Services Program Manager

We are pleased to welcome Jennie Hua to 1380 Howard who is our new Vocational Services Program Manager. Jennie is coming from the Behavioral Health Center at SF General and has been working as a program manager for 18 years and employed with DPH for over 20 years.

Jennie will be working to enhance and expand the availability of vocational services in both the Adult and Children's System of Care. She will be responsible for planning, coordinating, implementing and evaluating various vocational projects designed to promote the principles of wellness and recovery. Moreover, she will work with a diverse set of stakeholders to support clients to achieve wellness through meaningful activities

such as training, education and employment. One of her primary tasks will be managing the Department of Rehabilitation's Collaborative Contract which includes coordinating a centralized referral process, overseeing the accountability of productivity with providers, and expanding outreach efforts.

Jennie will report to Charlie Mayer, Director of Peer Employment, however, Jennie will report directly to Marlo Simmons, Director of MHSA, while Charlie is out of the office. Jennie will be located in work station 219D. Please welcome her to 1380 Howard.

2. SF Launches Peer-Staffed Phone, Chat Service for Mental Health Support

San Francisco residents seeking emotional support now have access to a free mental health hotline staffed by those who have personal experience with mental health issues.

"Nearly 200 people have called the Mental Health Triage Warm Line since its soft launch Aug. 4", said Michael Gause, Deputy Director of the nonprofit organization Mental Health Association of San Francisco, which operates the line and is expected to run the service 24 hours a day, seven days a week, by the beginning of next year.

The Warm Line differs from The City's 24-hour Suicide Prevention Hotline and Access Helpline for referrals to mental health services in that it's staffed by peer counselors who have experienced mental health conditions themselves or among family members. It's the first Warm Line in San Francisco to offer assistance from peers.

"Let's say it's at 10 o'clock at night, and [someone] needs some reassurance, some conversation, a warm voice on the other end to just really listen to them and help them settle down," explained Jo Robinson, director of behavioral health for the Department of Public Health, of how the Warm Line will be used.

"People feel very comfortable talking to someone on the line who may have had a similar experience to them," Gause said.

The Warm Line is operated by the Mental Health Association of San Francisco, and funded by a \$1.2 million three-year grant from the state Mental Services Act. It is currently taking calls from noon to 8 p.m., Monday to Friday.

Call if you need help

How to contact the Warm Line and other health resources:

Mental Health Triage Warm Line: (855) 845-7415

Warm Line chat online:

www.mentalhealthsf.org/

Suicide Prevention Hotline: (415) 781-0500

3. 40TH ANNUAL SUICIDE PREVENTION WEEK IS SEPTEMBER 8-14, 2014

EACH MIND MATTERS: CALIFORNIA'S MENTAL HEALTH MOVEMENT UNITES CALIFORNIANS IN STATEWIDE SUICIDE PREVENTION MOBILIZATION

Sacramento, CA Each Mind Matters: California's Mental Health Movement is uniting Californians across the state to increase awareness that suicide is preventable and put tools to prevent suicide within reach during the 40th Annual Suicide Prevention Week, September 8th to 14th, 2014.

Each Mind Matters offers Californians the tools to support Suicide Prevention Week throughout the entire month of September:

- Across California, many local communities and county health agencies will host activities that
 raise awareness about suicide prevention and empower Californians to learn steps they can take to
 help prevent suicides. The public can find local events taking place in their communities on the
 Each Mind Matters Events page (http://www.eachmindmatters.org/events/)
- <u>EachMindMatters.org</u> will serve as a resource for information on suicide prevention resources that can be used in local communities.
- An online and social media campaign will direct Californians to life-saving resources. Accessing these tools is as easy as following the Each Mind Matters blog and Facebook page.

³Suicide Prevention Week is an opportunity to empower every Californian with the knowledge that we are all part of the solution when it comes to preventing suicides, ² said Maureen Bauman, Director of the Placer County Adult System of Care and Board President of the California Mental Health Services Authority (CalMHSA), which oversees the implementation of Each Mind Matters. ³Through Each Mind Matters, California counties are partnering to make available the resources Californians need to learn the signs of suicide and take action to get help for themselves, a friend or a loved one in crisis.²

Since the passage of the Mental Health Services Act (Proposition 63), a landmark initiative passed by voters in 2004, California has made a significant investment in programs that are intended to prevent suicides, prevent mental illness, promote mental wellness and connect individuals with help before they reach a crisis point. Counties have partnered through CalMHSA to utilize Proposition 63 funding to implement statewide efforts that improve the mental health of Californians with strategies that empower everyone from youth to seniors, with the tools, technologies, resources and crisis support needed to prevent suicide.

Through CalMHSA1s efforts,

- · Nearly 3,000 Californians have been trained in suicide crisis intervention skills that save lives.
- Ten suicide prevention hotlines across California are answering nearly 23,000 calls per month on average and have been expanded to meet the diverse language needs of Californians.

- Crisis support is now available in some areas through chat or texting, making these resources more available to young people.
- The statewide suicide prevention campaign, Know the Signs (www.suicideispreventable.org), has engaged nearly a half million Californians online, empowering them with information to know the warning signs of suicide, find the words to offer help to someone, and reach out to local resources such as crisis hotlines and support groups that can provide care. Research has found that the Know the Signs campaign has been effective in increasing confidence to intervene and talk with someone who is at risk for suicide.

Suicide Prevention Week comes this year as the world mourns for the loss of Robin Williams. Californians are responding to his death by reaching out to provide care to others and receive support for themselves. In fact, in the weeks following the death of Robin Williams, visits to the Know the Signs campaign website increased ten-fold, and calls to various suicide prevention crisis hotlines significantly increased.

If you or someone you know is having thoughts of suicide, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). The National Suicide Prevention Lifeline can connect you to a trained crisis counselor at your nearest crisis center, 24 hours a day, 7 days a week.

For more information on the suicide prevention efforts underway in California and to get involved, visit www.eachmindmatters.org, <a href="https://www.eac

4. Children, Youth and Families (CYF)

CYF Leadership Team met in July to establish 14/15 priorities. Key to the leadership meeting was the intentional process of looking at and integrating the Trauma Informed Systems Principals into our priorities. Leadership utilizing staff feedback chose to focus our work on safety and stability and collaboration and empowerment. These two principles encompassed our intention to improve the way in which we do the work and the way in which we engage our children, youth and families in treatment. Examples of our plan include rolling out a new risk and PURQC process designed to identify areas that clients are challenged and to better support clinical staff with consultation and guidance regarding clinical issues. The full System of Care group including our providers decided to focus on sharing best practices for child, youth and family engagement, clinical supervision and group treatment.

Sadly, July, August and the beginning of September were witness to violence and impacted children and families directly. CYF, Comprehensive Crisis together with CBO partners and city agencies have been collaborating to provide support, coordination, treatment and debriefing for impacted staff and families. We hope to learn from this response so we can better attend to children, youth and families that tragically experience violence and work towards preventing more episodes. Similarly, the city has responded to the humanitarian crisis that has been termed "unaccompanied youth". Director Garcia asked CYF to take a leadership role in helping coordinate the San Francisco response to youth and families entering the city escaping trauma and violence in their native country and enduring a treacherous and traumatic journey to our city. Max Rocha and Roban San Miguel have been leading the CYF effort.

a) LEGACY (Formerly CSOC)

August has been all about assisting children and families prepare for the upcoming school year. At our August Family Support Night we gave away backpacks, school supplies and uniform shirts to our families. Our speaker for that evening was a representative from SFUSD's Pupil Services who discussed the district's efforts in partnering with parents to respond to conflicts.

LEGACY's Peer Mentorship Program is continuing to look for new mentees. We are looking for youth between the ages 12-17 who are active CBHS consumers, in need of support with achieving mental wellness, identifying and accomplishing goals, and sustaining a positive, healthy lifestyle. For more information on the referral process, please contact: Bonnie Friedman, LCSW, L.E.G.A.C.Y Program Director, Phone: 415-920-7700 or email: bonnie.friedman@sfdph.org

b) Foster Care Mental Health

The FCMH team is averaging approximately 55 new referrals for CANS screening a month! We are very busy providing screening and assessment and direct services, while, at the same time building Attachment Based, Trauma Informed, Care Coordination Model. We are so pleased to welcome Dr. Ray Cendana and Dr. Karen Finch, our new, Spanish speaking child psychiatrists. Dr. Cendana will be providing psychiatric evaluation and services two days/week at FCMH. Dr. Finch will join our team as a full time child psychiatrist. In addition, FCMH has posted an open, full time 2974, clinical psychologist position. In early September, the FCMH Director will be conducting two SFUSD workshops during the SFUSD CBO Orientation which will focus on the DPH Trauma Informed System of Care Principles. This is an opportunity to continue to create shared language between county systems and departments who serve our children and families.

c) Intensive Services

The Edgewood Crisis Stabilization Unit has opened and is receiving youth for 23-hour crisis stabilization to avoid hospitalizations. They have been successful in diverting most clients from psychiatric hospitalization.

d) Child-Parent Psychotherapy Learning Collaborative

We are pleased to announce that 17 participants from our CYF System of Care will be taking part in an upcoming Child-Parent Psychotherapy Learning Collaborative through San Francisco's Child Trauma Research Project and UCSF. This is an incredible opportunity granted us by Alicia Lieberman, internationally renowned co-developer of the Child-Parent Psychotherapy (CPP) model. CPP is an evidence-based practice that is a relationship-based form of intervention that focuses on the child-parent interaction and on each partner's perceptions of the other. It is an intervention for children from birth through age 5 who have experienced at least one traumatic event (e.g., maltreatment, the sudden death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and, as a result, are experiencing behavior, attachment, and/or mental health problems, including PTSD. The Learning Collaborative is an 18-month training program that incorporates seminars, bi-weekly consultations, case presentations, and required readings, and it consists of dozens of clinicians from across the country. Among our 17 participants in this cohort, 15 of them are clinicians or clinical supervisors from Chinatown Child Development Center, Foster Care Mental Health

Program, Family Mosaic Project, Instituto Familiar de la Raza, and RAMS/Fu Yau Project. The remaining two participants will be system of care program managers, Chris Lovoy and Rhea Bailey, who will work with the cohort on systems issues related to treatment implementation and practice sustainability. We are excited at this opportunity to bring CPP into our CYF system of care on such a large scale, and we want to thank the members of our cohort for committing to the 18-month long journey.

e) Mission Family Center

Mission Family Center held its annual retreat during the month of August at Coyote Point. The staff generated an amazing number of ideas as we navigate our way into the next phase of behavioral health care under the Affordable Care Act. During the next few months, we will review the retreat notes and go through a participatory decision making process to prioritize the action items we want to implement over the next two to three years. It was definitely an eventful day. In addition, as August was back to school month, we also saw an increase in the number of referrals as families get acclimated to the new school year. We are gearing up for these new referrals!

5. Changes in CBHS Clinic Medication Room Policy

CBHS is in the process of revising its Clinic Medication Room Policy. In June 2014, Short-Doyle/Medi-Cal released a new protocol applicable to all CBHS and CBHS affiliated clinics that store or maintain medications onsite. The protocol included significant changes to requirements for medication rooms. Additionally, changes to the current policy were needed to comply with the Centers for Medicare and Medicaid Services Preventing Fraud/Waste/Abuse Guidelines, and to provide explicit guidance to meet CA Board of Pharmacy regulations based on findings from Medi-Cal mental health certification/re-certification of medication rooms and occurrence reports related to medications.

Changes to the policy affect every section of the policy. The most significant changes for CBHS pharmacy and CBHS clinics are for receiving medications, handling of clients' own medications and floor stock medications. In order to comply with CA board of pharmacy regulations, clinics will chronologically document the chain of custody of medications- receipt, dispense, administration and/or disposal of every medication. Clinics will now be required to keep detailed logs of medication deliveries from pharmacies and of medications dispensed from floor stock to clients. To comply with federal fraud, waste and/or abuse guidelines, the policy specifies that clinics may not store more than a 6-week supply of clients' medications and that automatic refills may not be utilized. Compliance to the new policy will be the responsibility of all clinic staff, and leadership will be shared by the clinic Medical Director and Program Director. Leadership will designate one staff member to coordinate medication room activities. This staff member will complete a quarterly audit of the medication room and will review the results of the audit with the Medical Director.

The plan for implementation of this new Medication Room Policy is as follows:

- 1. Presented to CBHS Executive and Contractors Association: August 26th, 2014
- 2. Presented to CBHS Medical Directors' Meeting: August 27th, 2014
- 3. Provide training sessions for clinic medical directors, program managers and medical staff:
 - a. September 24th, 2014- 9:30am-10:30am at 1380 Howard Street, 4th floor conference room
 - b. September 24th, 2014-10:30am-11:30am at 1380 Howard Street, 4th floor conference room
- 4. Individual clinic consultations: September-October 2014
- 5. Request MUIC approval: November 6, 2014
- 6. Request CBHS Executive approval: November 18th, 2014
- 7. Policy distribution: November-December 2014

6. Each Mind Matters! City College Outreach Event

The Community Mental Health Certificate, Project SAFE, and the Student Health Center at City College of San Francisco have partnered with Each Mind Matters to offer three days of information regarding Early Intervention, Suicide Prevention, Stigma Elimination, and Peer Education on multiple health issues.

The event will take place at the CCSF Ocean Campus 50 Phelan Ave in San Francisco at Ram Plaza from 10am-2pm on Tuesday, Wednesday, Thursday, October 7, 8,9. (Tues, Wed, Thurs)

Please feel free to visit or stop by for information and resources. Free to the public.

Disability Rights California (DRC) Releases New Mental Health Resource For Law Enforcement Officials

Because law enforcement is often the first responder when a person is experiencing a mental health crisis, DRC has released a policy paper with recommendations called "An Ounce of Prevention: Law Enforcement Training and Mental Health Crisis Intervention," to ensure this first point of contact is beneficial to all involved. Contact: Margaret Jakobson-Johnson at Margaret-Jakobson@disabilityrightsca.org. or (916) 504-5937.

8. CalMHSA Brings International Stigma Conference to California, Seeks Presentation Proposals

"Together Against Stigma: Each Mind Matters" is the 7th International Conference on Stigma Research, Policy and Practice and will be held in San Francisco February 18th – 20th, 2015. It is being hosted by California Mental Health Services Authority (CalMHSA), the California Institute for Behavioral Health Solutions (CIBHS), and the World Psychiatric Association (WPA). The international character of this conference underscores the fact that stigma is not exclusive to any one country or culture: it is pervasive, encountered at all levels of society, institutions, among families and within the healthcare profession itself. This conference will be the first to be hosted in the United States.

Confirmed keynote speakers include world renowned experts in stigma and discrimination research, media and journalism, and youth leadership which include

Graham Thornicroft, Professor of Psychiatry and Chair of the WPA Scientific Section on Stigma and Mental Health, Patrick Corrigan, Professor of Psychology and Principal Investigator at the National Consortium for Stigma and Empowerment, Sergio Aguilar-Gaxiola, Professor of Clinical Internal Medicine and Founding Director of the UC Davis Center for Reducing Health Disparities, former U.S. Senator Gordon H. Smith and current President and CEO of the National Broadcasters Association, and Executive Director and founder of Active Minds, Alison Malmon. Please consider submitting a presentation proposal (Due September 26th, 2014). Early registration closes November 14, 2014. Contact: Amanda Lipp at. ?

DEA Releases New Rules That Create Convenient But Safe and Secure Prescription Drug Disposal Options

SEP 08 (WASHINGTON) - Today the U. S. Drug Enforcement Administration's (DEA's) Final Rule for the Disposal of Controlled Substances, which implements the Secure and Responsible Drug Disposal Act of 2010, was made available online for preview by the Federal Register at https://s3.amazonaws.com/public-inspection.federalregister.gov/2014-20926.pdf. The Act, in an effort to curtail the prescription drug abuse epidemic, authorized DEA to develop and implement regulations that outline methods to transfer unused or unwanted pharmaceutical controlled substances to authorized collectors for the purpose of disposal. The Act also permits long-term-care facilities to do the same on behalf of residents or former residents of their facilities. The Final Rule will be officially published tomorrow and will take effect on October 9.

"These new regulations will expand the public's options to safely and responsibly dispose of unused or unwanted medications," said DEA Administrator Leonhart. "The new rules will allow for around-the-clock, simple solutions to this ongoing problem. Now everyone can easily play a part in reducing the availability of these potentially dangerous drugs."

Prior to the passage of the Act, the Controlled Substances Act made no legal provisions for patients to rid themselves of unwanted pharmaceutical controlled substances except to give them to law enforcement, and banned pharmacies, doctors' offices, and hospitals from accepting them. Most people flushed their unused drugs down the toilet, threw them in the trash, or kept them in the household medicine cabinet.

Unused medications in homes create a public health and safety concern, because they are highly susceptible to accidental ingestion, theft, misuse, and abuse. Almost twice as many Americans (6.8 million) currently abuse pharmaceutical controlled substances than the number of those using cocaine, hallucinogens, heroin, and inhalants *combined*, according to the 2012 National Survey on Drug Use and Health. Nearly 110 Americans die every day from drug-related overdoses, and about half of those overdoses are related to opioids, a class of drug that includes prescription painkillers and heroin. More than two-thirds (70 percent) of people who misuse prescription painkillers for the

first time report obtaining the drugs from friends or relatives, including from the home medicine cabinet.

As a temporary measure, DEA began hosting National Prescription Drug Take-Back events in September 2010. Since then, the DEA has sponsored eight take-back days. Enormous public participation in those events resulted in the collection of more than 4.1 million pounds (over 2,100 tons) of medication at over 6,000 sites manned by law enforcement partners throughout all 50 states, the District of Columbia, and several U.S. territories.

"Every day, I hear from another parent who has tragically lost a son or daughter to an opioid overdose. No words can lessen their pain," said Michael Botticelli, Acting Director of National Drug Control Policy. "But we can take decisive action, like the one we're announcing today, to prevent more lives from being cut short far too soon. We know that if we remove unused painkillers from the home, we can prevent misuse and dependence from ever taking hold. These regulations will create critical new avenues for addictive prescription drugs to leave the home and be disposed of in a safe, environmentally friendly way."

On September 27, the DEA holds its next Take-Back Day. The public may visit www.dea.gov or call 1-800-882-9539 in September to find a nearby collection site. At this time, DEA has no plans to sponsor more nationwide Take-Back Days in order to give authorized collectors the opportunity to provide this valuable service to their communities.

DEA's goal in implementing the Act is to expand the options available to safely and securely dispose of potentially dangerous prescription medications on a routine basis.

- The Final Rule authorizes certain DEA registrants (manufacturers, distributors, reverse distributors, narcotic treatment programs, retail pharmacies, and hospitals/clinics with an on-site pharmacy) to modify their registration with the DEA to become authorized collectors.
- All collectors may operate a collection receptacle at their registered location, and collectors with an
 on-site means of destruction may operate a mail-back program.
- Retail pharmacies and hospitals/clinics with an on-site pharmacy may operate collection receptacles at long-term care facilities.
- The public may find authorized collectors in their communities by calling the DEA Office of Diversion Control's Registration Call Center at 1-800-882-9539.
- Law enforcement continues to have autonomy with respect to how they collect pharmaceutical
 controlled substances from ultimate users, including holding take-back events. Any person or
 entity—DEA registrant or non-registrant—may partner with law enforcement to conduct take-back
 events.
- Patients also may continue to utilize the guidelines for the disposal of pharmaceutical controlled substances listed by the Food and Drug Administration on their website at http://www.fda.gov/downloads/Drugs/ResourcesForYou/Consumers/
 BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/ucm107163.pdf.
- Any method of disposal that was valid prior to these new regulations being implemented continues to be valid.

Tomorrow when the Final Rule is officially published in the Federal Register, it will be viewable at www.regulations.gov. It will also be available for viewing tomorrow on the DEA website at https://www.deadiversion.usdoi.gov.

10. CMS Approves State Plan Amendments Related to SUD Services Expansion

The Centers for Medicare and Medicaid Services (CMS) approved both state plan amendments (SPAs) necessary for California to implement the expansion of substance use disorder services as part of the Medical expansion. An approved copy of SPA 09-022 to update the rate setting and reimbursement methodologies for Drug Medi-Cal services in now posted to the DHCS website. The effective date of this SPA is July 1, 2009. CBHDA received word just this week that SPA 13-038 has also been approved. SPA 13-038 outlines the additional benefits to be provided under the Drug Medi-Cal program as part of the ACA implementation. This SPA should be effective January 1, 2014. DHCS has indicated that they are working to develop a notice to counties announcing the approval that they hope to disseminate shortly.

11. Blurb on Health Equity Leadership Institute Initiative - San Francisco

In April 2013 the California Institute for Mental Health (CiMH) – now known as California Institute for Behavioral Health Solutions (CIBHS) – launched their inaugural pilot project of the Health Equity Leadership Institute (HELI), and San Francisco's Department of Public Health (SFDPH) was one of four California counties who participated in this year-long work. The aim of HELI was to support the development of leadership skills of community members and county staff in achieving health equity, reducing disparities and enhancing public behavioral health systems' capacity to track and eliminate disparities at the local level.

From May 2013 through May 2014, the HELI San Francisco team – comprised of two faith-based community leaders, one TAY [Transitional Age Youth] woman, one community leader in mental health support, one retired educator and three SF Department of Public Health staff – developed an initiative that focused on the social and economic determinants and discrimination that prohibited the African American community of San Francisco's District 10 (Bayview, Hunters Point, Potrero Hill, Visitacion Valley) from experiencing health equity. Pastor Shad Riddick (Metropolitan Baptist Church) and Pastor Andrew Smith, Sr. (Little Bethany Baptist Church) were catalytic in the SFDPH's understanding that employment is a key vehicle in which community members can work toward experiencing health equity (e.g. being employed means having an income to pay for housing, healthy food and health insurance). In its fullest development the HELI SF initiative was the connection of church-based programming (that helps individuals and families with basic needs such as food and clothing) with workforce development and job placement organizations in District 10. To date, this initiative has helped (15) individuals to receive employment readiness skills and/or job placement assistance.

12. California Department of Health Care Services (we have received unofficial notice)

The California Department of Health Care Services has received approval from the federal Centers for Medicare and Medicaid Services (CMS) of their State Plan Amendment that expands MediCal services and eligibility under implementation of the Affordable Care Act (ACA).

This milestone affirms that clients newly eligible for MediCal under ACA will have their care covered 100% by federal funding as of 1/1/2014. Expanded services (such as intensive outpatient substance abuse treatment) will also be covered for all MediCal eligible clients. San Francisco has participated actively in the design of services and systems for the implementation of ACA in California, and will continue to work closely with all providers and clients as these benefits become more widely accessible throughout the county.

We will forward the official notice from DHCS about this initiative as soon as it is available.

11. QM's Dr. Tom Bleecker to Moderate National Conference Session on ANSA

The 10th annual CANS/TCOM* Conference is in Chicago Nov 12-14. The conference usually focuses mostly on the CANS (Child and Adolescent Needs and Strengths), as it is very widely used. This year, Dr. John Lyons, the developer of both the CANS and ANSA (Adult Needs and Strengths Assessment) wanted to make a concerted effort to have more ANSA related activities.

To help accomplish this, Dr. Lyons invited Dr. Tom Bleecker from our Quality Management office to moderate an afternoon session focusing exclusively on the ANSA. Dr. Bleecker has been leading the CBHS Adult/Older Adult System of Crare's efforts around the implementation and ongoing use of the ANSA. We're very pleased that Dr. Bleecker is able to help other systems around the country work with the ANSA by sharing the progress we have made and the challenges we have faced.

Total Clinical Outcomes Management*

Tell us your clinic story and we will add it to the upcoming Director's Reports.

Past issues of the CBHS Monthly Director's Report are available at: http://www.sfdph.org/dph/comupg/oscrvices/mentaHHb/CBHS/CBHSdirRpts.asp To receive this Monthly Report via e-mail, please e-mail vita.organs@sfdph.org

ITEM 2.0 MENTAL HEALTH SERVICE ACT ANNUAL UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Annual Update: Public Hearing

- Ms. Robinson commented that the three year MHSA plan was submitted to the Health Commission and was very well received. Furthermore, adding to the mix of the new health commissioner team was a psychiatrist, Dr. David Pating, who has a specialty in treating substance abuse. He also serves on the state MHSA Oversight and Accountability Commission.
- Ms. Wilson asked about funding allocation under MHSA.
- Ms. Robinson said the details of MHSA funding allocation are available on the DPH website.
- 2.2 Public comment

No public comments.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 PROPOSED RESOLUTION Be it resolved that the minutes for the Mental Health Board meeting of July 16, 2014 be approved as submitted

Unanimously approved

ITEM 4.0 PRESENTATION: PSYCHIATRIC EMERGENCY TO A BED IN THE COMMUNITY; HOW DOES IT WORK? JOHN ROUSE, MD, DEPARTMENT OF PSYCHIATRY, PSYCHIATRIC EMERGENCY SERVICES, SAN FRANCISCO GENERAL HOSPITAL AND KELLY HIRAMOTO, DIRECTOR OF PLACEMENT, BEHAVIORAL HEALTH SERVICES, DEPARTMENT OF PUBLIC HEALTH.

- 4.1 Presentation: Psychiatric Emergency to a Bed in the Community; How does it Work? John Rouse, MD, Department of Psychiatry, Psychiatric Emergency Services, San Francisco General Hospital and Kelly Hiramoto, Director of Placement, Behavioral Health Services, Department of Public Health.
- Mr. Joseph welcomed Kelly Hiramoto, Director of Placement for Community Behavioral Health Services and Dr. John Rouse, Psychiatric Emergency Services at San Francisco General Hospital.

The power point presentation is available at the end of the minutes

Ms. Hiramoto provided a brief overview of community placement, and stressed that the department is no longer called the bed committee, but, a division of public health. In essence, community placement provides housing transitions. A coordinating placement team works together to stabilize frequent users of the system in the most appropriate and in the least restrictive environments.

The team oversees the Mental Health Rehabilitation Center (MHRC) and 400 beds in residential care programs in San Francisco; 200 beds in residential care programs outside of San Francisco; 240 locked subacute treatment beds and the skilled nursing facility.

- Ms. Virginia Lewis asked about contract hotels in the system's bed portfolio.
- Ms. Hiramoto said a vital part of San Francisco's housing stock is subsidized placement in single room occupancy hotels (SROs) or "residential hotels" for stabilization. Currently, the system utilizes four residential hotels called Belvedere, Mission, Adrian and Crystal.

For clients/patients with mental illness, MHSA also subsidizes room costs for full service partnership clients. It is an aggregate of about 50-60 residential homes.

- Dr. Patterson wanted to know about various locations for clients/patients in need of community placement.
- Ms. Hiramoto said most stabilization beds are distributed throughout the City with some out-of-county beds.
- Ms. Bohrer wanted to know under what circumstances a client get discharged to a homeless shelter.
- Ms. Hiramoto explained that after a client/patient achieves stabilization, she/he can voluntarily decline community placement and be discharged to a homeless shelter, if no family members are available to help out
- Ms. Bohrer inquired about respite bed housing stock.
- Ms. Hiramoto said only 6-8 respite beds are available.
- Ms. James asked if a client/patient initially refused community placement but then decided to re-engage back into the system.
- Ms. Hiramoto said there is usually an offer for case management to provide linkage for re-engagement in placement.
- Ms. Lewis wanted to know about the housing stock of stabilizations rooms in SRO units
- Ms. Hiramoto said there are about 20-30 stabilization rooms in various SRO units and residential hotels. Once clients/patients are stabilized enough, they go into a treatment program.

Unfortunately, affordable housing is a major barrier. It used to be that an SSI check could be "stretched" enough to pay for an SRO room, now that is no longer true due to San Francisco housing scarcity and high rents.

Dr. David Elliott Lewis wanted to know why there is a declining trend of board and care operators in the City.

Ms. Hiramoto said owners and operators of board and care are licensed by the State of California. The decline in board and care operators is partly due to lack of acceptance for clients with mental health, since many board and care places are not set up to accommodate such clients.

Another part of declining housing stock is San Francisco's real estate is becoming too valuable for heirs to continue the board and care program after original founding owners expired.

- Ms. James asked about what constitutes elderly status.
- Ms. Hiramoto said the elderly are at least 60 years of age and adults are 18-59 years of age.
- Ms. Lewis wanted to know more about what happens with placement refusal after initial stabilization.
- Ms. Hiramoto said when people dis-engage a placement, many, unfortunately, end up in PES because some people with mental health illness have an overlay of substance abuse.
- Ms. Stevens asked about Lanternman Petris Short (LPS) conservatorships.
- Ms. Hiramoto said LPS conservatorship is client only. However, family can weigh in, but they cannot over ride LPS regulations. Usually, LPS is for persons with severe mental disorders or with impaired chronic alcoholism.
- Mr. Joseph asked about conservatorship on finance.
- Ms. Hiramoto said finance conservatorship is usually dictated by an advanced healthcare directive.
- Ms. Virginia Lewis commented that San Francisco NAMI includes in its training an advanced medical directive that a person with mental illness can prepare.
- Ms. James added that in NAMI trainings, it encourages clients to have three copies of the directive: one for the doctor, one for a family member and one on the person.

Dr. Rouse has worked in psychiatric emergency for 35 years. He provides client-centered treatment in Psychiatric Emergency Services (PES) at San Francisco General Hospital (SFGH). PES operates 24x7 and is the primary provider of adult emergency mental health care in the City and County of San Francisco. Clients/patients served in PES are often dually diagnosed, usually with a major psychiatric disorder as well as addiction-related issues.

5150 cases are brought in by police, case managers, friends, relatives and board and care operators. Approximately 5% are voluntary walk-in patients seeking crisis stabilization.

For example, when a person with acute psychosis brought in by the police under 5150, PES does a complete medical and psychiatric assessment and evaluation, and initial treatment, if appropriate.

The staff, including clinicians work closely with a number of community agencies to develop short and longterm treatment plans. PES triages people with serious psychiatric illness, and about 20% are admitted into inpatient units in 7B. For the other 80%, PES refers people with less serious psychiatric to DORE Urgent Care or Westside Community Services.

SFGH has different psychiatric units. 7A is closed at the moment. 7B has about 20 acute psychiatric beds and 20 step-down beds for non-conserved clients/patients. 7C is a locked down sub-acute care facility with 41 beds. 7L is an incarcerated unit (or jail unit) for patients/clients with acute psychosis and in police custody. If they get stabilized they go back to jail with follow up care by Jail Psychiatric Services (JPS).

He said recent a MediCal audit found that not enough people are really qualified for acute status. The audit questioned medical necessity and wondered why a person with psychosis could not be treated at a lower level of care. PES weekly meetings involve a transition team to discuss the status of all clients/patient with psychosis.

Dr. Patterson asked if people who come directly into PES automatically get assigned to a case manager and directly get connected to services.

Dr. Rouse said PES always does an assessment first. Linkage to case management is not always a necessity due to the patients/clients diagnosis.

Dr. David Elliott Lewis asked about why no new psychiatric beds are being added in the building of a new hospital and wondered if the current beds are enough for San Francisco.

Dr. Rouse said he believes that the actual number of acute psychiatric beds currently available could handle the current capacity, provided that there are other beds available after a patient/client stabilized and get discharged from PES.

Ms. Bohrer asked if funding for the HOT team (Homeless Outreach Team) was pared down drastically.

Ms. Hiramoto said the contract for homeless services were changed to another organization. But supplemental funds, now, are available to expand services for the HOT team to re-hire back social workers and staff with CAADAC license. The goal is for the HOT team to reach full capacity as before.

Ms. Virginia Lewis wondered about the sub-acute designation for people in dire need for psychiatric services.

Dr. Rouse said PES interprets sub-acute designation according to the state mandate. But, an ADU is an Acute Diversion Unit that can do most of what PES can do. This extra service ensures a person in need of help gets services even though the sub-acute designation may not be applicable to that person.

Ms. Robinson added that CBHS has a full spectrum of services to offer people in desperate need of services.

Dr. David Elliott Lewis asked if the dropping of almost 50% to 24 psychiatric beds causes any noticeable delays in care.

Ms. Hiramoto said that a person with the least restrictive care should be able to obtain wellness and recovery in the supportive community rather than at costly psychiatric beds at SFGH where they are reserved for patients with the most restrictive care.

4.2 Public Comment

Mr. Ruben David Goodman thanked Ms. Hiramoto and commented that he felt his residential care facility called Buena Vista Manor House has deprived him of healthy sustenance.

He is 63 years of age and shared that he is sober for 4 years and 7 months from being a 20 year crack cocaine addict. He would like her intervention to mediate for his housing stability because the Manor manager started the eviction process after he asserted his rights.

Ms. Hiramoto said she will follow up on his complaint.

Mr. Porfido said he personally feels the people who need help the most often fail to get into treatment soon enough. He wanted to know what his options are to help people in need without resorting to calling the police.

Dr. Rouse suggested calling the Mobile Crisis Team which does do assessment including 5150s, if warranted.

Mr. Hickman works at Family Service Agency (FSA) and commented that the community placement team is a great help

ITEM 5.0 REPORTS

For discussion

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke reminded the board about the following:

- October 10, 2014 is Suicide Prevention lunch at the City Club.
- October 14, 2014 is Statewide Video Conference on reducing poverty and hunger
- October 24, 2014 is Northern California Suicide Prevention Summit at Samuel Merritt University.

5.2 Report from the Co-Chair of the Mental Health Board and the Executive Committee.

The next meeting of the Executive Committee is tomorrow, Thursday, September 18, 2014 at 10:30 AM in Room 424 at 1380 Howard Street.

Mr. Joseph said that at the last Executive Committee meeting, the committee decided to form a committee to plan the board retreat for Saturday, December 6th. Dr. Terence Patterson is the Chair.

5.3 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

None mentioned.

- 5.4 Report by members of the Board on their activities on behalf of the Board.
- Ms. Bohrer said she attended Mental Health America's 2014 Annual Conference in Atlanta, Georgia,

Mental Health America is dedicated to promoting mental health, preventing mental and substance use conditions and achieving victory over mental illnesses and addictions through advocacy, education, research and service.

5.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Ms. Bohrer suggested a presentation from Network of Care which provides assistance to veterans and which develops a resource location app to help people locate mental health resources in San Francisco.

Dr. David Elliott Lewis suggested a presentation from Terry Bohrer on Mental Health America's 2014 Annual Conference. He also volunteered to do a presentation on AOT Implementation.

5.6 Public comment.

No comments were made.

ITEM 6.0 PUBLIC COMMENTS

No comments were made.

ADJOURNMENT

Meeting adjourned at 8:45 PM.

Ms. Kelly Hiramoto presentation







Mayor Edwin Lee

1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental health

MEETING OF THE MENTAL HEALTH BOARD AGENDA

Wednesday, October 15, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 6:30 PM – 8:30 PM

Call to Order

Roll Call

Agenda Changes

Item 1.0 Directors Report For discussion.

GOVERNMENT DOCUMENTS DEPT

OCT -8 2014

SAN FRANCISCO PUBLIC LIBRARY

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 Mental Health Service Act Updates and Public Hearings For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

- 2.1 Mental Health Services Act Updates: Public Hearing
- 2.2 Public Comment

Item 3.0 Action Items For discussion and action.

- 3.1 Public comment
- 3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of September 17, 2014 be approved as submitted.
- 3.3 Proposed Resolution: Be it resolved that the Mental Health Board urges Community Behavioral Health Services to increase the Mobile Crisis Treatment Team to 24/7.

Item 4.0 Presentation: Overview of the Lanterman-Petris-Short Act (LPS Law) for Involuntary Commitment to a Psychiatric Facility and its implementation in San Francisco. Stephen R. Jaffe, Esq., The Jaffe Law Firm, Sgt. Kelly Kruger, San Francisco Police Department, Wendy James, Vice Chair, Mental Health Board.

- 4.1 Presentation: Overview of the Lanterman-Petris-Short Act (LPS Law) for Involuntary Commitment to a Psychiatric Facility and its implementation in San Francisco. Stephen R. Jaffe, Esq., The Jaffe Law Firm, Sgt. Kelly Kruger, San Francisco Police Department, Wendy James, Vice Chair, Mental Health Board.
- 4.2 Public Comment

Item 5.0 Reports

- 5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.
- 5.2 Report of the Co-Chairs of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.
- 5.3 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

- 5.4 Report by members of the Board on their activities on behalf of the Board. Terry Bohrer will report on the Mental Health Conference.
- 5.5 New business Suggestions for future agenda items to be referred to the Executive Committee.
- 5.6 Public comment.

6.0 Public Comment

Adjournment

DISABILITY ACCESS

- 1. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and meeting rooms are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 2. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
- 3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
- 4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
- 5. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689 Telephone: (415)554-7724 Fax: 4(15) 554-5163 E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

RESOLUTION (MHB - 2014-X): Be it Resolved that the Mental Health Board urges the Health Commission and the Board of Supervisors of San Francisco to fund the Mobile Crisis Treatment Team so that it can expand by one person to include a peer (mental health consumer) member and expand its services to seven days a week at 24 hours a day.

WHEREAS, the Mobile Crisis Treatment Team, which is a program of Community Behavioral Health Services (CBHS) in the Department of Public Health, has helped many in crisis since it was founded in 1995; and,

WHEREAS, Mobile Crisis is crucial for cost-effectiveness by reducing the use of the most expensive services such as Psychiatric Emergency Services or the psychiatric inpatient wards at San Francisco General Hospital; and,

WHEREAS, Mobile Crisis is a critical service for family members of the seriously mentally ill who can call upon it when they see a loved one showing the warning signs of distress or decompensation; and,

WHEREAS, the San Francisco Police Department is a strong supporter of Mobile Crisis and frequently calls upon it saving the police department significant costs in terms of officer time plus freeing up officers for doing other police duties; and,

WHEREAS, a mental health crisis can and does occur at any time of day or night including weekends and not just during normal nine to five, Monday through Friday business hours.

WHEREAS, walk in afterhours and weekend mental health crisis services are extremely limited and non existent in most neighborhoods,

WHEREAS, the value that peers – those with lived experience with mental illness in engaging and communicating with those suffering a mental health crisis has been repeatedly demonstrated and has been increasingly accepted as important in any overall treatment engagement strategy, therefore,

BE IT RESOLVED, that the Mental Health Board recommends to the Health Commission, the Board of Supervisors, and the Mayor, that the Mobile Crisis Treatment Team be funded at a level which allows it to operate 24 hours a day, seven days a week and be funded to also include a peer member to improve outreach effectiveness.



SAN FRANCISCO MENTAL HEALTH BOARD



Edwin Lee Mayor 1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org

Unadopted Minutes

Mental Health Board Wednesday, October 15, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 San Francisco, CA 6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: David Elliott Lewis, PhD, Co-Chair; Wendy James, Vice Chair; Virginia S. Lewis, MA, LCSW, Co-Secretary; Terry Bohrer, RN, MSW, CLNC; Kara Chien, JD; Sgt. Kelly Kruger; Terence Patterson, EdD, ABPP; Harriette Stevens, EdD; and Idell Wilson.

BOARD MEMBERS ON LEAVE: Ellis Joseph, MBA, Co-Chair; and Errol Wishom, Co-Secretary.

BOARD MEMBERS ABSENT: Vanae Tran, MS., Andre Moore

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of CBHS; Gene Porfido, Tom Waddell Health Clinic Advisory Board; Reuben David Goodman; Stephen R. Jaffe, Esq., The Jaffe Law Firm; Deborah Hardy; Mercedes Crouser; Ulash Thalcore-Dunlap; Benny Wong; Dave Limcaco; and 10 additional members of the public.

CALL TO ORDER

Dr. David Elliott Lewis called the meeting of the Mental Health Board to order at 6:30 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes to the agenda.

GOVERNMENT DOCUMENTS DEPT

NOV 7 2014

SAN FRANCISCO PUBLIC LIBRARY

ITEM 1.0 DIRECTOR'S REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services. Ms. Robinson announced that the finance committee just approved San Francisco's Mental Health Plan and is forwarding the plan to the Board of Supervisors for their final approval.

She highlighted the 2014-2015 Mental Health Loan Assumption Program (MHLAP), and mentioned that there are 70 interns in the system.

She informed the board that Alice Gleghorn who was CBHS Deputy Director for over five years will be leaving the organization. As of December 1st, 2014, Ms. Gleghorn will be the Santa Barbara County Mental Health Director.

1.2 Public Comment

No public comments.

Monthly Director's Report

1. 2014/2015 Mental Health Loan Assumption Program (MHLAP)

The Health Professions Education Foundation is pleased to announce that the 2014/2015 Mental Health Loan Assumption Program (MHLAP) Cycle is now open. The program cycle will close on November 30, 2014. Please encourage all potential applicants to go to https://calreach.oshpd.ca.gov to complete their application. A new application must be submitted each time you apply. Last year's application will not be accepted. For resources on how to apply, please visit www.healthprofessions.ca.gov/.

Eligibility Requirements:

- Applicants may work or volunteer with an organization which is administered, in whole or part, by the County Mental Health Department including County Mental Health funded contractors, subcontractors and Juvenile Halls.
- Applicants must be working or volunteering in a hard-to-fill or retain position in any capacity that
 meets your County Mental Health workforce needs. The County Mental Health Director may
 determine what professions or positions fit their criteria for their County.

Attached is a copy of the Frequently Asked Questions (FAQs). If you have any updates regarding a change to your counties MH Director/Designee, notify us as soon as possible. Please feel free to call us with any questions.

Constantino Raya| Program Officer <u>Tino.raya@oshpd.ca.gov</u> P (916) 326 3655

KC Mohseni | Program Officer <u>Kc.mohseni@oshpd.ca.gov</u> P (916) 326 3648 F (916) 324 6585

Kulwinder Kaur | Program Officer

2 of 18

Kulwinder.kaur@oshpd.ca.gov P (916) 326 3644 F (916) 324 6585

(See Attachment 1)

2. CalMHSA Announcements

Two Grants Opportunities Offer Ways to Expand Each Mind Matters Reach:

CalMHSA Express

- The Each Mind Matters Community Engagement Grant will be awarded to community-based organizations or counties to engage communities in, and expand the reach of Each Mind Matters.
- The Stigma and Discrimination Reduction (SDR) Speakers' Bureau Grant will be awarded to individuals or organizations that operate Speakers' Bureau activities to allow speakers and Speakers' Bureaus to enhance SDR messages and provide stipends to speakers.

Visit here for more information and the application. Contact: info@eachmindmatters.org.

CalMHSA Partners with California Reducing Disparities Project (CRDP) to Reach Diverse Communities:

CalMHSA Express

New tools and resources help to address suicide prevention, student mental health and stigma reduction among California's diverse populations, particularly the African American, Asian/Pacific Islander, Latino, LGBTQ and Native American communities. Visit the <u>CalMHSA CRDP website</u> to access these resources and information for the CRDP Program Partners. Contact: Lee Anne Xiong at LeeAnne.Xiona@CalMHSA.org.

Free Suicide Prevention Virtual Training for Educators and School Staff:

CalMHSA Express

Educators and school staff are invited to join California Department of Education and its partners across the state in preventing youth suicides by refreshing their knowledge and skills in talking with students in distress by accessing <u>Koanito A-Risk</u>. The online program trains participants to identify psychological distress and build intervention skills by talking with virtual students and connecting them to support. This online training is FREE and can be shared with school colleagues. Access Kognito At-Risk by going to <u>California's course home page</u> until December 31st, 2014. Contact: Monica Nepomucena at <u>MNepomucena@de.ca.agov</u>.

Register for the Northern CA Suicide Prevention Summit: The Bay Area Suicide and Crisis Intervention Alliance (BASCIA) in partnership with Didi Hirsch Mental Health Services, and funded by CallMHSA, is holding its First Annual Suicide Prevention Summit on October 24th, 2014, in Oakland from 8:30 am – 3:00 pm at Samuel Merritt University. The Summit will feature the Emerging Best Practices in Suicide Prevention that were developed by Didi Hirsch in partnership with statewide subcontractors through the Statewide Suicide Prevention Networks project. For more information about the Summit or how to register, please contact Paul Muller at pmuller@mullerandsmith.com.

3. Behavioral Health Services Internship Program

We have welcomed 70 new interns into our system of care for the academic year 14/15 from colleges and universities throughout the Bay Area and around the country. They are training in a variety of placements; crisis services, behavioral health homes, substance use disorder programs, and case management services. These training sites are not only supporting the development of their clinical skill sets but they are providing an opportunity for our consumers to benefits from the rich diversity that exists in this cohort of students. Our interns were officially welcomed at the Intern Orientation last month, where they received a thorough introduction in the philosophy and programs that encompass our behavioral health system. We are looking forward to an exciting year of training and growth as the interns mature on their path toward becoming an integral part of the behavioral health workforce.

4. New Web Location for DPH Education and Training

Our link to Education and Training has moved. It is now under the section titled, "The Most Popular DPH Topics", found on the bottom right of the main page.

http://www.sfdph.org/dph/default.asp

(See attachment 2)

5. Sleep Hygiene

Insomnia or sleep disturbances arise from an array of causes such as medical conditions, psychiatric illnesses and medications or may originate independently. Clinical evidence suggests a close synergistic relationship between psychiatric disorders and insomnia. More than half of insomnia cases may be related to anxiety, depression, or psychological stress. Furthermore, sleep patterns are disrupted in substance use disorders due to neurotransmitter imbalances and physiological stressors. Regardless of the etiology, sleep deprivation poses a great health hazard by increasing the risk for stroke, cardiovascular disease, obesity, mental impairment, and poor quality of life. Individuals with psychiatric illnesses may become more vulnerable to future relapses of anxiety, mood, or substance use disorders. For this population, treatment of underlying psychiatric conditions should be first optimized. Although medications such as anticholinergics, benzodiazepines, and other sedative-hypnotics are commonly prescribed to promote sleep, their use should be reserved for patients who have failed non-pharmacological and behavioral therapy. Sleep medications—whether prescribed or obtained over-the-counter — cause various side effects ranging from falls in the elderly (associated with sedative hypnotic use) to anticholinergic activity consisting of urinary retention, blurry vision, confusion, and memory loss. In order to avoid sleep medications' adverse effects, behavioral intervention and sleep hyeinen need to be orimarily addressed.

Improving sleep hygiene is the first-line treatment of choice for most patients. The practice involves controlling behavioral and environmental factors that may disrupt or interfere with sleep. Observing the following tips and techniques may ensure a more restful sleep that promotes daytime alertness while preventing sleep disorders:

- Don't try to force sleep. If you have difficulty falling asleep for more than 20 minutes in bed, get up and engage in a relaxing activity before returning to bed.
- Avoid spending time in bed when not sleeping (e.g. watching television). The bed should only be used for sleep and sexual intercourse.
- Only sleep as much as needed to feel rested (generally 6-8 hours for most people)
- Maintain a regular sleep schedule with the same bedtime and wake-up time.
- Decrease caffeine intake and avoid caffeinated beverages after noontime.
- Avoid alcoholic beverages, smoking or nicotine products near bedtime.
- Avoid going to bed hungry. Try to have a light snack two hours prior to bedtime.
- Ensure a comfortable bedroom environment including light, noise, and temperature.
- Address concerns or worries before bedtime by making a list of tasks or responsibilities for tomorrow.
- Exercise regularly (preferably 4 hours before bedtime).

Various techniques may reduce anxiety and improve relaxation to ensure an effective, restful sleep. Individuals may practice deep breathing exercises which involves inhaling slowly and deeply through the nose, and exhaling deeply through the mouth for several minutes. Progressive muscle relaxation has also been effective for certain patients; the exercise involves gently contracting muscles for one to two seconds and relaxing, beginning with muscles in the face and slowly progressing downwards to the toes. Practicing a mindfulness exercise such as paying attention to physical sensations (i.e. breathing, pulses, and other body processes) may also promote relaxation.

Treating insomnia is a gradual process that varies based on the condition's severity and patient's comorbid illness(es). Although mild insomnia can often be prevented or treated by practicing good sleep hygiene, a more severe case of chronic insomnia needs to be closely monitored. Underlying health problems that may trigger sleep disturbances should be first addressed, which may include additional pharmacologic agents. Overall, treatment of a client's mental health illness including substance use disorders should be optimized in conjunction with improving sleep hygiene. With all cases of insomnia, behavioral approaches and relaxation techniques should be attempted to help individuals maintain a restful and healthy sleep pattern.

Resources:

"An Overview of Insomnia." http://www.webmd.com/sleep-disorders/guide/insomnia-symptoms-and-causes.

WebMD, Web. 9 September 2014.

Neubauer, David N. "Insomnia and Psychiatric Disorders." http://www.medscape.org/viewarticle/480681. Medscape, Web. 9 September 2014.

Thorpy, Michael. "Sleep Hygiene." http://sleepfoundation.org/ask-the-expert/sleep-hygiene. National Sleep Foundation, Web. 9 September 2014.

Author:

Kevin T. Le Doctor of Pharmacy Candidate, 2016 University of California, San Francisco CBHS Pharmacy Intern

6. Jail Health's Behavioral Health and Reentry Program Awarded Grant for Project MAPS

Jail Health's Behavioral Health and Reentry program has been awarded a \$1,392,568.00 grant over 4 years for Project MAPS (Mentoring and Peer Support). The program will collaborate with and draw clients from three collaborative court programs - the Behavioral Health Court, the Drug Court, and the Veterans Justice Court, MAPS will employ, train and support a diverse peer team consisting of 1 full-time Lead Peer Mentor and 5 half-time Peer Mentors who will utilize evidence based practices to encourage, support, and foster treatment success and recidivism reduction among the members of its target population. The mentor team will be supervised and supported by a full-time MSW Level Project Coordinator who will provide ongoing mentor support and ensure that mentors are accessing and utilizing Supported Employment resources, including job training and ongoing mental health and/or substance use disorder counseling. Each peer mentor will be teamed with an average of 6 collaborative court clients at a time, with an average length of support of 6 months per client, although the relationship could last as long as 12-18 months. The project will serve a total of 252 individuals with co-occurring disorders who are leaving jail over a 42 implementation period from April 1, 2015 through September 30, 2018. The project will measure a range of key outcomes related to both clients and Peer Mentors, including client mental health status and substance use and Peer Mentor employment advancement. Through the MAPS project, Jail Health Services will explore the effectiveness of an ambitious peer support intervention which has the potential to serve as a national model for enhancing the quality and impact of collaborative court services by supporting criminally-involved men and women with cooccurring disorders as they cope with behavioral health issues and strive to attain stability and selfsufficiency.

7. Children, Youth and Families (CYF)

Recognizing the impact of trauma not just at the individual level, but the systems level, the Bay Area region of California seeks to create a shared and trauma informed regional infrastructure to implement, sustain, and improve services for children and youth affected by trauma. The City and County of San Francisco Department of Public Health (SFDPH) was awarded a four year, 4 million dollar SAMSHA grant to convene and support the Bay Area Trauma Informed Systems of Care (BATISC) initiative as a regional collaborative of seven Bay Area counties: Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Santa Cruz.

The initiative builds on the work of the San Francisco Trauma Informed Systems Initiative and will focus on creating a trauma informed region in order to reduce disparities in behavioral health access and improve the provision of trauma-informed services. To coordinate and facilitate this regional effort, the Bay Area will create a unique center purposed to promote the development of trauma informed systems and positioned to serve participating counties in Northern California. The BATISC Center will support the creation of a

regional infrastructure that recognizes and responds to trauma in a culturally and linguistically competent, family-driven, youth-guided and evidence-based manner.

Within the BATISC structure, initiative activities will take place through partnership with children, youth, and families impacted by trauma and with a focus on reducing health and access disparities specifically for children ages 0-5, foster care and juvenile justice-involved children and youth, and transition aged youth. In order to enhance the quality of care, BATISC will also coordinate the creation of behavioral health and medical homes to serve children and youth placed "out-of-county." The implementation of a Bay Area Trauma Informed Systems of Care initiative and the formation of the BATISC Center will provide the needed coordination for county systems, resulting in more effective and seamless care in partnership with youth and families.

CYF System of Care represented DPH to the "Unaccompanied Minors" hearing held by Joint Select Committee, comprised of members from the Board of Supervisors & Board of Education's. DPH's current efforts include (1) systems coordination via Behavioral Health Services; and (2) service capacity via our Primary Care Services & Other Specialty Services.

- Overall systems coordination via Behavioral Health Services
 Behavioral Health Services, Children Youth & Families System of Care have been conducting the following activities to coordinate services:
 - In collaboration with FSSF, HSA, MCAH, Primary Care, develop a First Encounter Check List for providers to screen for unaccompanied minors safety & bio-psycho-social needs during their initial contacts so that providers can determine linkages to other special services.
 - Coordinated a Behavioral Health Treatment Providers meeting to discuss service coordination to align & orient each other to current behavioral health treatment providers' efforts for this population.
 - Initiated discussion with SFUSD's Students Families & Community Support Services (SFCSS) and Special Ed (SPED) to ensure linkage to DPH behavioral health services is in place.
- II. Capacity via Primary Care Services & Other Specialty Services
 - Health Care unaccompanied minors can access primary care services regardless of status via the Family Health Center, which includes the Refugee Medical Clinic. Located at San Francisco General Hospital, FHC offers a full range of services including:
 - Additionally, FHC links patients to Population Health Division's Newcomers Health Program. In
 partnership with FHC, the New Comers Health Program can connect youth who are granted
 asylum status to federal benefits, such as comprehensive health screening & exams and social
 services.
 - · Other Specialty Services

Maternal Child & Adolescent Health's (MCAH) Public Health Nurses can serve two subset within the unaccompanied minor's population:

- Pre-natal & post-partum care for pregnant youth. This is especially helpful when serving unaccompanied minors who are pregnant.
- Health care coordination for unaccompanied minors who are in foster care system.

L.E.G.A.C.Y. (Formerly CSOC)

L.E.G.A.C.Y. is once again partnering with BIH (Black Infant Health) to provide enhanced services to women of color in the Bayview Community with a post-partum parenting workshop. The free 8-week (10/7 – 12/9/2014) workshop for new mothers provides a healthy meal, peer and provider support and teaches parenting skills. This workshop is being held is being held at the L.E.G.A.C.Y. office Tuesdays 12:30P-2:30P.

On Saturday, October 4th, L.E.G.A.C.Y. participated in the 7th annual Southeast Community Commission Health Fair held at CCSF Southeast campus. SFDPH was heavily represented at this wonderful community event. L.E.G.A.C.Y. participated for the third consecutive year with an information table.

L.E.G.A.C.Y. is preparing for our annual Halloween Event. The event will be held on October 27th, 5:30P – 8P. Our staff with support from FMP (Family Mosaic Project) staff, are busily preparing activities (face painting, treat bag decorating, arts and crafts). The American Licorice Company once again donated cases of treats for our in house trick-or-treating.

Foster Care Mental Health

FCMH has been busy piloting a new team structure that will be the corner stone of our new Attachment-Based, Trauma Informed, Long Term Care Coordination Model. The new teams are implementing new practices and are working hard, in partnership with Proteive Social Workers within Human Service Agency, to create new protocols for screening and assessing each newly detained child in the Foster Care System. We look forward to sharing the outcomes of our pilots over the next several months.

Substance Use Disorder Prevention Programs

The California Department of Health Care Services' Strategic Prevention Framework requires counties funded through the Substance Abuse Prevention and Treatment Block Grant to report annually on progress toward local strategic prevention goals and objectives. Consistent with this state requirement, BHS has supported building system and provider capacity to evaluate whether evidence-based and local promising prevention practices are meeting the desired outcomes for children, youth, and families served by these interventions. Fiscal Year 2014-15, BHS is funding the Youth Leadership Institute (YLI) to oversee an evaluation of youth-led, neighborhood-based environmental prevention (EP) projects that will be implemented consistent with the Communities Mobilizing for Change on Alcohol (CMCA) Framework. This evaluation will provide the department and the substance use disorder prevention provider network with data to inform future program planning. The CMCA Youth Participant Pre-Test and Post-Test Questionnaires contain a series of items that will measure the impact of provider EP projects on youth knowledge, attitudes, beliefs and behaviors on alcohol use, consistent with the San Francisco Substance Use Disorder Prevention Services Strategic Plan goals to reduce the initiation of alcohol use by middle school students and to reduce binge drinking by

high school students. In addition, the survey instruments will measure youth development skills gained through youth involvement in EP adult-youth leadership activities.

Mission Family Center

August and September were back-to-school months, and as a result, MFC has seen an increase in the number of referrals as families and teachers get acclimated to the new school year. We are handling these new referrals in record time as our Intake PDSA continues to flourish!

In addition, the MFC staff has taken on the challenge of responding to the increased arrival of refugee children, youth and families from Central America and is participating in DPH efforts to meet their needs in a culturally and linguistically appropriate manner. MFC has also responded to the increased violence in our neighborhood during the month of September. Staff members have participated in the facilitation of community debriefings, and some of us participated in a march on Friday 9/26/14 in a continued effort to raise our violes for peace.

And last but not least, MFC has been collaborating with our CBHS-Adult Program building neighbors to create a unified building approach to safety. Our three program directors have been planning in the last several months, and participated in the first inclusive building safety meeting on 8/29/14. Going forward our goal is to have unified building safety meetings quarterly.

Southeast Child & Family Therapy Center

School is back in session and the Southeast Child/Family Therapy Center is providing services wherever they are needed. We have staff at the following schools, providing consultation, individual and group therapy: SF Community, ER Taylor, Guadalupe, Bret Harte, Visitacion Valley Middle and Burton High. We have started an Incredible Years parenting group that will run through December. We are running a PDSA to increase access to psychiatry using multiple measures. We are saying good-bye to Metzi Henriquez who is returning full time at CARECEN. We look forward to continuing to coordinate services with her and thank her for her contribution to the clinic in the past year.

Chinatown Child Development Center

CCDC participated in the 19th Annual Chinatown Community Health Fair. It was held at Chinatown YMCA (855 Sacramento Street) on Saturday, October 11th from 10 am to 3 pm. CCDC's staff was stationed at our table/booth to hand out brochures regarding to our mental health services and answer general questions.

CCDC will be hosting our quarterly "CCDC Parent Advisory Board Meeting" on November 1, 2014 from 10:00 am to 12:00 pm. Topic of discussion revolves around how CCDC can efficiently deliver and improve quality of services, increase communication between clients and providers, and other relevant topic regarding the Affordable Care Act.

2014 MHSA AWARDS CEREMONY

The MHSA Awards Ceremony is an Innovations project that publicly honors current and former clients in MHSA-funded programs in San Francisco. Consumers/peers are recognized for the personal achievements in wellness and recovery in a formal celebration that includes a delicious sit-down meal, entertainment, and awards.

The 4th Annual MHSA Awards Ceremony was held on October 2nd, 2014, and by what we have been hearing, it was the most moving and powerful event yet! It was held at the beautiful Scottish Rite Center. Jeffrey Greer of Recovery Theater was our MC; we had a guest pianist and violinist, inspirational speeches and poems, delicious food catered by Episcopalian Community Services (ECS), and amazing dessert baked by the AAIMS Project (an MHSA INN funded program). This year theme was "Breaking the Chains of Stigma.

The nomination criteria was developed by the planning committee, and is as follows:

- Advocacy: Reducing stigma related to mental health conditions through signing petitions, registering to vote or attending a rally, being on a speaker's bureau, working/volunteering as a peer in a mental health program.
- Reuniting/rebuilding connections with family members (parent, child, sibling, partner, etc.).
- Employment Honors individuals who are successfully volunteering, interning, or employed part-time or full-time. An individual's employer or supervisor may verify these awards.
- Independent living Honors members who have successfully obtained and kept housing independently of family, Board & Care, and other assisted living.
- Pursuing educational goals- Honors those who have successfully enrolled in an educational course, certificate program, vocational program, community college, university, etc.
- Financial independence Honors those who have completed the Financial Planning process and agreed to obtain a payee for financial stability, has own checking account, or is financially independent.
- Reduce the impact of substances Honors those who have successfully reduced the impact of substance use in their lives, embracing harm reduction and/or abstinence. (This award is selfreported.)
- · Working on decreasing stigma
- Graduating from Behavioral Health Court, off probation or parole, stabilized in the community.
- Graduated from RAMS, SFSU, CCSF, or another Mental Health Certificate Program.
- · Attending trainings for personal or professional growth.

At this highly anticipated event:

- 80 Consumers received 1 Bell Awards (excelled in 1 area for at least 3 months)
- 60 Consumers received 2 Bell Awards (excelled in 3 areas for at least 6 months)
- 50 Consumers received 3 Bell Awards (excelled in 5 areas for at least 12 months)
- 2 Consumers received the "Breaking the Chains of Stigma" (excelled in 6 or more areas for over 12 months)

 2 Teams were awarded Outstanding Team of the Year. (AAIMS Project and The Transgender Health Services Team)

Close to 350 mental health clients and guests, and providers attending this celebration.

What is perhaps most unique about the MHSA Awards Ceremony, is that this large event and all of the activities leading to the event are planned and coordinated by a 17-member consumer planning body, with the assistance of the Mental Health Association of San Francisco and MHSA. Most of the members of this committee are past award winners. The planning process for this event usually takes 6 months and includes outreach, event theme selection, selecting award criteria, logistics, décor, presenting awards, and entertainment planning. It truly is the party of the year!

Tell us your clinic story and we will add it to the upcoming Director's Reports.

Past issues of the CBHS Monthly Director's Report are available at: http://www.sfdph.org/dph/comupg/oservices/mentalHth/CBHS/CBHSdirRpts.asp To receive this Monthly Report via e-mail, please e-mail vita.ogans@sfdph.org

ITEM 2.0 MENTAL HEALTH SERVICE ACT ANNUAL UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

- 2.1 Mental Health Services Act Annual Update: Public Hearing
- Ms. Robinson commented that at the 4th Annual Mental Health Award Ceremony, over 200 clients were recognized for their achievements. Since there is so much stigma against and marginalization toward people with mental illness, the award ceremony not only re-affirmed wellness and recovery but it was also a public event with celebration with family and friends and community leaders.
- Dr. David Elliott Lewis added that people with mental illness who strive for wellness and recovery feel validated by the award.
- Ms. Robinson said the department is in the final interviewing phase to hire a clinical coordinator who will ensure community programs are oriented toward wellness and recovery. She hopes to announce the new person at the November 2014 meeting.
- Ms. Virginia Lewis requested an update about the progress of Laura's Law implementation.

Ms. Robinson stated that there are three remaining Assisted Outpatient Treatment (AOT) implementation meetings left. Then, the committee will submit the plan to the City Attorney's Office for a final review.

In the implementation plan, the department will hire an AOT director who, preferably, will be a clinical psychologist. The new AOT director should start in January 2015 to start the process of educating staff and the public about Laura's Law.

The Mental Health Board will have a say on the implementation plan. The full implementation of AOT should be by November 2015.

Ms. Virginia Lewis asked who will provide the services.

Ms. Robinson said AOT services can be either by current contractors or by a request for proposal (RFP) process.

2.2 Public comment

Ms. Hardy commented that she would like know how many people are on the AOT implementation committee and would like to know about the AOT budget.

Ms. Robinson said the AOT implementation committee has about 15 members and AOT budget must be approved by the Board of Supervisors for the November 2015 implementation. As for as the hiring of an AOT director goes, the AOT budget only budgeted for a director position to start helping with the AOT implementation.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

A member of the public stated that although peers can quickly relate to a person in crisis sympathetically from lived experience without much explanation. But lived experience alone is no substitute for the rigorous trainings required of clinicians responding to a crisis.

3.2 PROPOSED RESOLUTION Be it resolved that the minutes for the Mental Health Board meeting of September 17, 2014 be approved as submitted.

Unanimously approved

3.3 Proposed Resolution: Be it resolved that the Mental Health Board urges Community Behavioral Health Services to increase the Mobile Crisis Treatment Team to 24/7.

RESOLUTION (MHB – 2014-03): Be it resolved that the Mental Health Board urges the Health Commission and the Board of Supervisors of San Francisco to increase funding of the Mobile Crisis Treatment Team to include peer (mental health consumer) members and expand its overall services to seven days a week, 24 hours a day.

WHEREAS, the Mobile Crisis Treatment Team, which is a program of Community Behavioral Health Services (CBHS) in the Department of Public Health, has helped many people in crisis since it was founded in 1995; and. WHEREAS, Mobile Crisis is crucial for cost-effectiveness by reducing the use of the most expensive services such as Psychiatric Emergency Services or the psychiatric inpatient wards at San Francisco General Hospital; and,

WHEREAS, Mobile Crisis is a critical service for family members of people with serious mental illnesses who can call upon it when they see a loved one showing the warning signs of distress or decompensation; and,

WHEREAS, the San Francisco Police Department is a strong supporter of Mobile Crisis and frequently calls upon it saving the police department significant costs in terms of officer time plus freeing up officers for doing other police duties; and,

WHEREAS, a mental health crisis can and does occur at any time of day or night including weekends and not just during normal nine to five, Monday through Friday business hours,

WHEREAS, walk in afterhours and weekend mental health crisis services are extremely limited and non-existent in most neighborhoods.

WHEREAS, the value that peers – those with lived experience with mental illnesses in engaging and communicating with those suffering a mental health crisis has been repeatedly demonstrated and has been increasingly accepted as important in any overall treatment engagement strategy, therefore,

BE IT RESOLVED, that the Mental Health Board recommends to the Health Commission, the Board of Supervisors, and the Mayor, that the Mobile Crisis Treatment Team be funded at a level which allows it to operate 24 hours a day, seven days a week and be funded to also include peer members to improve outreach effectiveness.

Ms. Bohrer suggested an increase in funding to include three (3) mental health peers, since a person in crisis often feels a peer can intuitively connect and understand his/her despair and pain without having to explain much to the peer. She would like to have a peer at each shift.

Sgt. Kruger said she personally had worked for the San Francisco Mobile Crisis Team and wondered how a peer might respond to a person in crisis on a clinical level.

Dr. David Elliott Lewis mentioned that peers may see person in crisis at their worst moment in life!

Unanimously approved

ITEM 4.0 PRESENTATION: OVERVIEW OF THE LANTERMAN-PETRIS-SHORT ACT (LPS LAW) FOR INVOLUNTARY COMMITMENT TO A PSYCHIATRIC FACILITY AND ITS IMPLEMENTATION IN SAN FRANCISCO. STEPHEN R. JAFFE, ESQ., THE JAFFE LAW FIRM, SGT. KELLY KRUGER, SAN FRANCISCO POLICE DEPARTMENT, WENDY JAMES, VICE CHAIR. MENTAL HEALTH BOARD.

4.1 Presentation: Overview of the Lanterman-Petris-Short Act (LPS Law) for Involuntary Commitment to a Psychiatric Facility and its implementation in San Francisco. Stephen R. Jaffe, Esq., The Jaffe Law Firm, Sgt. Kelly Kruger, San Francisco Police Department, Wendy James, Vice Chair, Mental Health Board.

Dr. David Elliott Lewis welcomed Stephen R. Jaffe who will give us an overview of the LPS Law, then Sgt. Kelly Kruger will share how it is implemented in San Francisco and Wendy James will share her personal experience.

Mr. Jaffe briefly explained the LPS Law. First, he emphasized that LPS conservatorship is not the same conservatorship as probate's conservatorship. In LPS, there are four (4) levels of public intervention according to the California Welfare and Institutions Code (WIC).

 WIC 5150 is for involuntarily detaining people who are in an imminent danger to self (DTS) and/or danger to others (DTO) or gravely disabled. 5150 is a 72 hour hold.

Dr. Patterson wondered about detaining a person in crisis for a 5150 and determining that person to be medically necessary for an involuntary 5150 hold.

Sgt. Kruger added that as long as a responding law enforcement official believes that there is probable cause then a person is transported to a receiving facility for involuntary examination of 5150.

Without care or treatment, the person in crisis is likely to suffer from neglect or refuse to care for himself or herself and such refusal could pose a threat of harm to his or her wellbeing; and there is a substantial likelihood that without care or treatment, the person will cause serious bodily harm to himself, herself or others in the near future as evidenced by recent behavior.

Ms. Robinson asked when a 5150 actually starts.

Mr. Jaffe said it is the treating doctor who makes the final determination if a 5150 hold is warranted, since there are many possible outcomes following examination of the patient. This includes the release of the individual to the community (or other community placement), a petition for involuntary inpatient placement (what some call civil commitment), involuntary outpatient placement (what some call outpatient commitment or assisted treatment orders), or voluntary treatment (if the person is competent to consent to voluntary treatment).

The next three (3) levels of intervention are.

- WIC 5250 is a 14 day hold with the same criteria as WIC 5150
- WIC 5750 is temporary conservatorship for a 30 day hold. There are more rights to protect with due process for free legal representation to a hearing.
- The LPS conservatorship is a permanent conservatorship for a year with annual re-evaluation.
 Usually, if a conservatee has no family or friend to be a conservator, then the Office of Public Guardians, who are public employees, can step in to be the conservator.

A 5150 can be initiated by judges, law enforcement officials, physicians, or mental health professionals. Each state in the Union has its own 5150-like code, albeit different names of course. For example, Florida's Baker Act is equivalent to California's WIC 5150.

Ms. Bohrer asked about having legal representation at level three.

Mr. Jaffe emphatically said that any conservatee can demand representation at any level, provided the conservatee can afford the legal fees. The right to a jury trial is not revoked if you are to be conserved.

Dr. David Elliott Lewis wondered how many WIC 5750 cases in San Francisco.

Mr. Jaffe responded there are not a lot, but he does not have the data to substantiate per se.

Sgt. Kruger talked about San Francisco Police Department's general order for psychological evaluation of adults

aduits.

The SFPD General order, in essence, requires responding officers to intervene when there is reason to believe that a person is mentally ill and because of his or her mental illness, the person has refused voluntary examination.

When a concerned citizen calls the police for intervention, it is helpful to provide a summary rather a lengthy history to the responding officer, because police just need to know "WHY" there was a need to call the police.

For example, a police officer responded to an incident where a person was in the middle of an acute crisis. Furthermore, the person has black belt, is a Vietnam veteran, and has acute psychosis. The officer also observes the person has a Rambo-like knife in their sock. In this scenario, there is an imminent risk to violence and a safety risk. When police detain a person in acute crisis, the person must be put in hand cuffs for transport safety.

But transport is sometimes an issue. If a person has a medical issue then transport should be done by an ambulance rather than in a police vehicle. Sometimes it is possible for a clinician to safely transport a non-threatening client. Police should not be used all the time for transport, but should be when public safety is an issue.

Dr. David Elliott Lewis asked about taking a person in crisis to DORE Urgent Care rather than to the San Francisco General Hospital's Psychiatric Emergency Service (PES) department.

Sgt Kruger said that officers frequently take people to Dore Urgent Care. However if they may have committed a misdemeanor or felony, then officers take them to PES.

Ms. Robison mentioned that DORE Urgent Care is just a voluntary clinic.

Dr. Patterson asked about Tarasoff for a clinical psychologist who sees a client without mental illness.

In clinical psychological practice in the United States, duty to warn requires a clinician who has reasonable grounds to believe that a client may be in imminent danger of harming others to warn the possible victims. Duty to warn is among the few exceptions to a client's right to confidentiality and the therapist's ethical obligation to maintain confidential information related in the context of the therapeutic relationship.

Sgt Kruger said Tarasoff would not apply because there is no incident of mental illness.

She provided some recent statistics. In 2013, PES showed 7,359 holds with 90% determined to be medical necessity for 5150. It appears that there is a rise of 1,000 new cases annually. 75% of the 5150 reports were written by law enforcement officers.

Ms. James shared her lived experience seven (7) years ago when she was at the darkest moment in her life. Her despair and hopelessness was precipitated during the 2008 Great Recession. In a short period of time, her life crumbled rapidly and all culminated in the loss of her house, job, unemployment benefit, and Electronic Renefit Transfer (EBT).

During that period, she lost everything and was homeless. As a last resort and desperate, she went to the Golden Gate Bridge's North Tower, which is in the Marin county jurisdiction. Out of despair and extreme psychological pain, she felt that her third attempt to jump could succeed.

But, she ended up in a Marin county hospital where clinicians triaged her and arranged for her transfer back to San Francisco General Hospital the next day for ongoing care, because she was a San Francisco resident.

Upon her reflection back to that time period of her life, there was a sense of hopelessness. Now she has housing, income and family.

4.2 Public Comment

Ms. Hardy shared that she had a brother who suffered schizophrenia around his 30's that resulted in his premature death in his 50's. She wondered about the difference between Mobile Crisis and SF HOT.

Ms. Robinson said Mobile Crisis specifically addresses mental health crisis situations and SF HOT is the Homeless Outreach Team responding to homelessness.

Ms. Crouser wondered about the adequacy of police officers for San Francisco's rapidly growing population.

Sgt. Kruger said the Board of Supervisors approved 2,400 officers. But there is a shortage of officers due to retirement and low recruitment. Currently, there are about 1,600 officers available for the growing San Francisco. Now, money is approved for police academy recruiting efforts.

ITEM 5.0 REPORTS

For discussion

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke reminded the board about the following:

- Northern California Suicide Prevention Summit, October 24th, 9 3 pm at Samuel Merritt University Health Education Center. See flyer.
- The MHB has been invited to do test calls to ACCESS. Steve Benoit and Michelle Meier are offering
 a brief 30 minute training on Tuesday, October 28th from 11:30-12:30 to review the Test Call
 Protocol, Script, and Summary Form. They will also be extending the training an additional half hour
 to provide some role play for those that requested it.
- The following organizations are scheduled for the 2014-2015 Program Review.
 - 10/27/2014 Dr. David Elliott Lewis and Dr. Terence Patterson visit SF General Hospital.
 - 10/22/2014 Wendy James and Dr. David Elliott Lewis visit Horizons Unlimited.
 - 10/29/2014 Virginia Lewis and Harriette Stevens visit Mental Health Association SF.

- 11/07/2014 Virginia Lewis and Terry Bohrer visit Health Right360.
- 11/13/2014 Sgt. Kelly Kruger and Errol Wishom visit Swords to Plowshares.
- 5.2 Report from the Co-Chair of the Mental Health Board and the Executive Committee.

The next meeting of the Executive Committee is tomorrow, Thursday, October 16th, 2014 at 10:30 AM in Room 417 at 1380 Howard Street

Dr. David Elliott Lewis said that at the September 18, 2014 Executive Committee meeting, the committee decided to form a committee to plan the board retreat for Saturday, December 6th, 2014. Dr. Terence Patterson is the Chair of planning the 2014 retreat.

The Behavioral Health Leadership Team meets the first Tuesday of each month to review quality improvement (QI) information about CBHS programs. Two members of the Mental Health Board are invited to attend as observers to this meeting. The next meeting is Tuesday, November 11th from 11:00-1:00 in Room 515. Different board members can attend but you will need to let Ms. Brooke know ahead if you wish to go.

5.3 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

Sgt Kruger nominated Eve Meyer who runs the Suicide Prevention Program in San Francisco.

- Dr. David Elliott Lewis nominated soon to retire San Francisco Police Commander Richard Corriea.
- 5.4 Report by members of the Board on their activities on behalf of the Board.
- Ms. Bohrer reported that she met with Supervisor Mark Farrell to talk about the Laura's Law, when he came by her building.
- Ms. Stevens reported that she met with Supervisor Mark Farrell to keep him abreast of the board activities.
- 5.5 New business Suggestions for future agenda items to be referred to the Executive Committee.
- Ms. Bohrer suggested extending an invitation to the new appointed head of the Crisis Intervention Team of the San Francisco Police Department. She also suggested a presentation by the Network of Care representative, by a homeless connection service whether it be Homeless Connect or Homeless Outreach Team (HOT).
- Ms. Robinson stated that San Francisco used to be involved in the Network of Care for Behavioral Health
- 5.6 Public comment.
- Mr. Porfido thanked the board for having a meet and greet before the board meeting.
- Ms. Virginia Lewis has observed that Gene Porfido has attended many board meetings and contributed many interesting comments.

ITEM 6.0 PUBLIC COMMENTS

Mr. Porfido thanked board members for arriving early for the meet and greet session for prospective members who are interested to be on the Mental Health Board.

Ms. Virginia Lewis commented that she has seen Gene Porfido regular presence at the board meetings.

ADJOURNMENT

Meeting adjourned at 8:35 PM.







Mayor Edwin Lee

1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental health

David E. Lewis, PhD, Co-Chair Ellis C. Joseph, MBA, Co-Chair Wendy James, Vice Chair Virginia S. Lewis, LCSW, Co-Secretary Errol Wishom, Co-Secretary Terezie "Terry" Bohrer, RN, MSW, CLNC Kara Ka Wah Chien, JD Sergeant Kelly Kruger Andre Moore Terence Patterson, EdD, ABPP Harriette Stallworth Stevens, EdD Vanae Tran Idell Wilson

MEETING OF THE MENTAL HEALTH BOARD **AGENDA**

Wednesday, November 19, 2014 City Hall One Carlton B. Goodlett Place 2nd Floor, Room 278 6:30 PM - 8:30 PM

GOVERNMENT DOCUMENTS DEPT

NOV 7 2014

SAN FRANCISCO PUBLIC LIBRARY

Agenda Changes

Call to Order

Roll Call

Item 1.0 Report from Community Behavioral Health Services Director For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 Mental Health Service Act Updates and Public Hearings

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

- 2.1 Mental Health Services Act Updates: Public Hearing
- 2.2 Public Comment

Item 3.0 Action Items For discussion and action.

- 3.1 Public comment
- 3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of October 18, 2014 be approved as submitted.
- 3.3 Proposed Resolution: Be it resolved that the Mental Health Board commends Eve Meyer, Executive Director of Suicide Prevention, for her years of leadership, advocacy and training in suicide prevention and support.

Item 4.0 Presentation: Jail Psychiatric Services, Tanya Mera, Interim Director

- 4.1 Presentation: Jail Psychiatric Services, Tanya Mera, Interim Director
 Overview of Iail Psychiatric Services and Behavioral Health Court graduate experience.
 - 4.2 Public Comment

Item 5.0 Reports

For discussion

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

- 5.2 Report of the Co-Chairs of the Board and the Executive Committee. Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.

 Dr. Lewis will give an update on the work of the Assisted Outpatient Treatment Planning Task Force.
- 5.3 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged or highlighted by the Mental Health Board.
- 5.4 Report by members of the Board on their activities on behalf of the Board.
- 5.5 New business Suggestions for future agenda items to be referred to the Executive Committee.
- 5.6 Public comment.

6.0 Public Comment

Adjournment

DISABILITY ACCESS

- 1. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and meeting rooms are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 2. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

- 3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
- 4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
- 5. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689 Telephone: (415)554-7724 Fax: 4(15) 554-5163 E-mail: sott@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

MENTAL HEALTH BOARD Proposed Resolution November 19, 2014

RESOLUTION: (MHB -_) Proposed Resolution: BE IT RESOLVED that the Mental Health Board commends Eve Meyer, Executive Director of Suicide Prevention, for 26 years of dedicated leadership, advocacy and training in suicide prevention and support.

WHEREAS, Eve Meyer is an extraordinary leader and educator on the issue of suicide and of San Francisco Suicide Prevention, the oldest suicide and crisis hotline service in America, and;

WHEREAS, Eve Meyer serves with integrity, kindness, inclusiveness, a warm sense of humor, and a sincere belief in the extraordinary capacity of people helping people, and;

WHEREAS, Eve Meyer has profound respect for people and deep understanding of the challenges they face, making them feel they are important, and;

WHEREAS, Eve always listens to, gives support to, and identifies the needs and aspirations of the community, celebrating and sharing in its achievements, and;

WHEREAS, Eve Meyer expanded and grew San Francisco Suicide Prevention to become one of the most well-known and well respected organizations in the City and County of San Francisco that saves lives every day, and;

BE IT RESOLVED that the San Francisco Mental Health Board commends Eve Meyer for her extraordinary leadership, compassion, and ongoing commitment to saving the lives of people facing their darkest moments.

SAN FRANCISCO MENTAL HEALTH BOARD



Edwin Lee Mayor 1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mbbsf.org

Unadopted Minutes

Mental Health Board
Wednesday, November 19, 2014
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
San Francisco, CA
6:30 PM — 8:30 PM

GOVERNMENT DOCUMENTS DEPT

JAN - 8 2015

SAN FRANCISCO PUBLIC LIBRARY

BOARD MEMBERS PRESENT: Ellis Joseph, MBA, Co-Chair; David Elliott Lewis, PhD, Co-Chair; Wendy James, Vice Chair; Virginia S. Lewis, MA, LCSW, Co-Secretary; Kara Chien, JD; Ulash Thakore-Dunlap, MFT; Deborah Hardy; Andre Moore; Terence Patterson, EdD, ABPP; Harriette Stevens, EdD; Vanae Tran, MS.; Idell Wilson; Adrian Williams; and Errol Wishom, Co-Secretary.

BOARD MEMBERS ON LEAVE: Terry Bohrer, RN, MSW, CLNC.

BOARD MEMBERS ABSENT:

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of CBHS; Tanya Mera, LCSW, Director of Behavioral Health and Reentry Services; Kenneth Cooper; Gene Porfido, Tom Waddell Health Clinic Advisory Board; Toni Parks; and 5 additional members of the public.

CALL TO ORDER

Mr. Wishom called the meeting of the Mental Health Board to order at 6:45 PM.

He also introduced three recently appointed board members. Ms. Ulash Thakore-Dunlap was appointed by the Rules Committee to fill the mental health professional Seat #15, Ms. Deborah Hardy was also appointed by the Rules Committee to fill a family member Seat #13, and Ms. Adrian Williams was appointed to the public interest Seat #11 by Supervisor Scott Wiener.

Ms. Thakore-Dunlap was honored by the appointment and looked forward to serving and being an active participant on the board.

Ms. Williams is passionate about her commitment to children, youth and families in the Western Addition.

Ms. Hardy is motivated to do mental health advocacy in part because of Laura' Law (Assisted Outpatient Treatment. She also had a brother who suffered from mental illness for 25 years and died prematurely.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes to the agenda.

ITEM 1.0 DIRECTOR'S REPORT

- 1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.
- Ms. Robinson congratulated the three new board members. She also publically congratulated Tanya Mera who is the new Director of Behavioral Health and Reentry Services. She announced that Dr. Judith Martin will be San Francisco's Alcohol and Other Drug Administrator.

She said Proposition 47 that passed in November 2014, is designed to reduce prison incarceration of people convicted of non-violent crimes It was passed to ensure that any person with a misdemeanor conviction will not be automatically incarcerated. However, funding for adult services of the proposition was reduced by \$32 million to \$18 million by Governor Jerry Brown. San Francisco is applying for a Proposition 47 grant.

She reported that the City Attorney's Office approved the Assisted Outpatient Treatment (AOT) implementation plan. Before it can be implemented in November 2015, the Mental Health Board is required to review the implementation plan.

Ms. Hardy asked about how RFPs (request for proposal) are scored.

Ms. Robinson explained that, in the RFP process, the Executive Steering Committee assigns a score that is based on the plans meeting very specific criteria. Any program that received an aggregate score above 250 has a higher probability of getting a grant.

Ms. Williams asked about county funding allocations.

Ms. Robinson explained that usually each county receives the maximum amount of \$950,000, except San Francisco may get up to a \$1.5 million.

1.2 Public Comment

No public comments.

Monthly Director's Report

1. Alcohol and Other Drug Administrator

Alice Gleghorn, PhD is leaving San Francisco's Department of Public after 19 years of service to the Department and the citizens of San Francisco. Dr. Gleghorn has been appointed the Alcohol and Drug and

Behavioral Health Director for the County of Santa Barbara. We thank her for her service and congratulate her on her new position. She has served San Francisco well in her position as Alcohol and Drug Administrator. Thank you Alice.

I am pleased to announce that Judith Martin, MD has accepted the position of San Francisco's Alcohol and Other Drug Administrator. Dr. Martin is an addiction specialist and has worked with opioid-addicted patients for over two decades. Currently she is Medical Director for Substance Use Disorders for San Francisco's Department of Public Health's Network of Care. Dr. Martin has been President of the California Society of Addiction Medicine (CSAM) and currently serves on the Board of Directors of the American Association of Addiction Medicine (ASAM). She has also participated in the National Institute of Drug Abuse (NIDA)'s Clinical Trials Network (CTN) on multi-site research studies of treatment of opioid dependence and cocaine dependence.

Dr. Martin will continue to provide many of her current duties (clinical consultation on SUD cases, promoting best practices and practice guidelines, etc.). Her new responsibilities will include coordinating SUD strategic planning with DPH initiatives, overseeing and supporting quality care across the DPH system, and implementation of the Drug Medical expansion.

Over the next several weeks, Dr. Gleghorn will work closely with Dr. Martin to transition the responsibilities of Alcohol and Other Drug Administrator. Please join me in congratulating both of Alice and Judy in their new roles.

2. RAMS (Richmond Area Multi Services) - i - Ability Program

RAMS Hire-Ability is proud to announce that the i-Ability program's Desktop Training track has just graduated its third cohort on October 24, 2015. The trainees of Desktop Cohort 3 demonstrated a strong eagerness and aptitude for learning how to provide desktop support for a large organization, such as CBHS. Trainees learned how to conduct a full deployment, learning skills such as imaging drives, installing and managing network printers, and troubleshooting operating system and hardware issues.

In addition to being exposed to technical concepts that are covered in the COMPTIA A+ Certification, each trainee completed an independent project for which s/he researched, tested, and presented a technical concept of her/his choice. Topics included network security, client-side coding for web development, and installing multiple bootable operating systems on one USB flash drive.

The fourth cohort of i-Ability's Desktop training track will begin on November 4, 2014. The next recruitment for i-Ability's two training tracks, Desktop and Help Desk, is schedule to start in summer of 2015. For more information, please contact RAMS Hire-Ability at (415) 282-9675.

3. Transgender Health Fair

The Third Annual Transgender Health fair was held November 19 from 1:00-3:00 pm at the SF Public Library. The Fair provided health screenings, food, entertainment, and opportunities to meet providers that serve the Trans community.

4. MHLAP FY13-14 Awardees

In FY13-14 the Office of Statewide Health Planning and Development (OSHPD) and the Health Professions Education Foundation provided a total of 1,301 loan forgiveness awards to increase the supply of mental health practitioners serving in hard-to-fill or hard-to-retain positions within California's Public Mental Health System. For San Francisco, (75) applications were submitted and (22) individuals received loan forgiveness awards. Congratulations to...

- * Ann Tran (UCSF/SFGH)
- * Emilio A. Orozco (City & County of San Francisco Department of Public Health)
- * Evonne M. Thong (Sunset Mental Health)
- * Farshid Farrahi (City & County of San Francisco)
- * Giselle P. Clark-Ibanez (UCSF)
- * Hang L. Ngo (San Francisco DPH)
- * Irene Kaludi (A Better Way, Inc.)
- * Ja Eun Huh (Tenderloin Neighborhood Development Corporation)
- * Jennifer Oberly (Bayview Hunters Point Foundation for Community Improvement, Inc.)
- * Jonathan Maddox (San Francisco County)
- * Juan Maillo Cabrera (Progress Foundation)
- * Kimberly Tseng (City & County of San Francisco DPH)
- * Kohen S. Tsur (UCSF)
- * Liberty S. Velez (Larkin Street Youth Services)
- * Margaret D. Hering (SFGH/Department of Psychiatry/Trauma Recovery Center)
- * Maureen Edwards (City & County of San Francisco DPH)
- * Michael S. Marcin (SF DPH/CBHS)
- * Michelle Mayberry (Family Service Agency of San Francisco)
- * Min Tan (Family Service Agency of San Francisco)
- * Ron K. Harris (City & County of San Francisco DPH)

- * Ryan P. Fuimaono (SF DPH)
- * Vera Vasey (City & County of San Francisco)

5. CalMHSA Announcements

Hot News (Funded by County Members of CalMHSA and Prop 63.) This Week is Mental Health Awareness Week! Join Each Mind Matters in supporting Mental Health Awareness Week, from October 5th - 11th, 2014! During Mental Health Awareness Week, people across the nation will come together to spread awareness about the importance of mental health and to speak out against the stigma that prevents individuals who live with mental health challenges from seeking help. Events planned in counties throughout California will offer mental health information and resources, and provide ways to engage more Californians with Each Mind Matters: California's Mental Health Movement resources. For example, the Los Angeles City Council will build awareness with its resolution announcing World Mental Health Day at its October 10th, 2014 meeting at 10:00AM. Visit Each Mind Matters-http://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=6bb01727c8&e=d66c0b2fb2> for more information. Contact: Jeanine Gaines at JGaines@rs-e.com<mailto:JGaines@rs-e.com>.

Two Grants Opportunities Offer Ways to Expand Each Mind Matters Reach:

- * The Each Mind Matters Community Engagement Grant will be awarded to community-based organizations or counties to engage communities in, and expand the reach of Each Mind Matters.
- * The Stigma and Discrimination Reduction (SDR) Speakers' Bureau Grant will be awarded to individuals or organizations that operate Speakers' Bureau activities to allow speakers and Speakers' Bureaus to enhance SDR messages and provide stipends to speakers.

Visit here<http://eachmindmatters.us8.list-

manage1.com/track/click?u=693529ab35d3a8ce9538b9a26&id=cd362f7610&e=d66c0b2fb2> for more information and the application. Contact:

info@eachmindmatters.org<mailto:info@eachmindmatters.org>.

CalMHSA Partners with California Reducing Disparities Project (CRDP) to Reach Diverse

Communities: New tools and resources help to address suicide prevention, student mental health and stigma reduction among California's diverse populations, particularly the African American, Asian/Pacific Islander, Latino, LGBTQ and Native American communities. Visit the CalMHSA CRDP website-http://eachmindmatters.us8.list-

manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=8ef0e51706&e=d66c0b2fb2> to access these resources and information for the CRDP Program Partners. Contact: Lee Anne Xiong at LeeAnne.Xiong@CalMHSA.org<mailto:leeanne.xiong@calmhsa.org>.

Directing Change Calls on Student Film Makers and Change Agents: Students throughout California are invited to 3rd Annual Directing Change student film contest by submitting 60-second films in two categories: "Suicide Prevention" and

"Ending the Silence about Mental Illness." The winning teams and their associated schools will win prizes, receive mental health or suicide prevention programs for their schools, get to participate in a meeting with state legislators on these topics, and attend the award ceremony at the end of the 2014-15 school year. Visit the Directing Change website">https://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=fc60e41520&e=d66c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=fc60e41520&e=d66c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=fc60e41520&e=d66c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=fc60e41520&e=d66c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=fc60e41520&e=d66c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=fc60e41520&e=d66c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=fc60e41520&e=d66c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=fc60e41520&e=d66c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=fc60e41520&e=d66c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=fc60e41520&e=d66c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=606c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=606c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=606c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=606c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=606c0b2fb2>">https://eachmindmatters.us8.list-manage.com/track/click?u=606c0b2fb2>">https://eachmi

Higher Education System Collaborates to Improve Student Mental Health: Over 200 people attended the 2014 University of California (UC) Student Mental Health Best Practice Conference, sponsored by the University of California Student Mental Health Oversight Committee and funded by CalMHSA. The conference featured collaborative presentations from all three California higher education segments, best/promising practice program sessions, innovative poster presentations, round table discussions, networking opportunities, and innovative student mental health vendors. The full conference booklet and presenter PowerPoint slides are now available for viewing on the UC Student Mental Health Best Practice website. For

 $\underline{manage1.com/track/click?u=693529ab35d3a8ce9538b9a26\&id=434e0ad8c8\&e=d66c0b2fb2}{\text{>. For more information, contact Taisha Caldwell at}}$

Taisha.caldwell@ucop.edu<mailto:taisha.caldwell@ucop.edu>.

Free Suicide Prevention Virtual Training for Educators and School Staff: Educators and school staff are invited to join California Department of Education and its partners across the state in preventing youth suicides by refreshing their knowledge and skills in talking with students in distress by accessing Kognito At-Risk-http://eachmindmatters.us8.list-

manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=df9099ff77&e=d66c0b2fb2>. The online program trains participants to identify psychological distress and build intervention skills by talking with virtual students and connecting them to support. This online training is FREE and can be shared with school colleagues. Access Kognito At-Risk by going to California's course home pagehttp://eachmindmatters.us8.list-

manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=8a5e4ab0b1&e=d66c0b2fb2> until December 31st, 2014. Contact: Monica Nepomuceno at

MNepomuceno@cde.ca.gov<mailto:MNepomuceno@cde.ca.gov>.

Prop. 63 in the News

The San Diego Union-Tribune < http://eachmindmatters.us8.list-

manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=aaa54e71db&e=d66c0b2fb2> featured United Advocates for Children and Families' "Opening Hearts. Creating Community" event where people from diverse faith traditions can learn about ways to reduce the stigma of mental illness within their faith communities. For more information and to register, visit herehttp://eachmindmatters.us8.list-

manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=f9b10f8ab2&e=d66c0b2fb2>.

The Sacramento Bee< http://eachmindmatters.us8.list-

 $\frac{manage.com/track/click?u=693529ab35d3a8ce9538b9a26\&id=498be1b331\&e=d66c0b2fb2}{https://eachmindmatters.us8.list-} and the Sacramento Business Journal < \frac{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-} and the Sacramento Business Journal < https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.list-}{https://eachmindmatters.us8.li$

manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=f4fb33b34d&e=d66c0b2fb2> highlighted a new mental health research center at the University of California, Davis and University of California, Los Angeles. The centers will foster research, education and clinical care about mental health and are funded by Prop. 63.

Register for the Northern CA Suicide Prevention Summit: The Bay Area Suicide and Crisis Intervention Alliance (BASCIA) in partnership with Didi Hirsch Mental Health Services, and funded by CalMHSA, is holding its First Annual Suicide Prevention Summit on October 24th, 2014, in Oakland from 8:30 am – 3:00 pm at Samuel Merritt University. The Summit will feature the Emerging Best Practices in Suicide Prevention that were developed by Didi Hirsch in partnership with statewide subcontractors through the Statewide Suicide Prevention Networks project. For more information about the Summit or how to register, please contact Paul Muller at muller@mullerandsmith.com

6. NAMI's Ending the Silence

NAMI Takes Ending the Silence Program to National Audience: The National Alliance on Mental Illness (NAMI) has recently begun offering the Ending the Silence program CalMHSA invested in first to its affiliates nationwide and is using the public service announcements produced by California students in the Directing Change video contest to engage a national audience. Ending the Silence is an educational program designed for high school audiences, using personal testimony to help students identify the signs of mental illness, as well as how to help themselves or others.

7. DSM 5 is coming January 2015

As you may be aware, the Federal Government is requiring that all diagnosis must be submitted in the ICD 10 format starting October 1, 2015. The American Psychiatric Association has released DSM 5 which aligns closely to the ICD 10 format. The San Francisco Health Network (SFHN) Behavioral Health Services (BHS) will be implementing DSM 5 codes within Avatar in order to meet this requirement. The Avatar application will automatically cross walk DSM 5 codes to ICD 10 codes (as well as to DSM IV) to send the correct version to the State.

What does this mean for clinicians? Prior to October 1, 2015, every diagnosis for every open client will need to be updated in the DSM 5 format. SFHN BHS wants to give providers enough lead time to modify diagnosis as they come due for re-assessment over the course of the next 10 months. To help providers prepare, we are making DSM 5 training available starting in December 2014 and will make the new Avatar diagnosis screen available on January 1, 2015. In addition, we will be adding a "Countdown to DSM 5" widget within

Avatar. Please be sure to encourage your staff to sign up for training at www.sfdph.org/training/ under the Ambulatory Care Training Unit.

8. Model for Improvement Implementation Discussion

Behavioral Health Services' Executive team, Civil Service Program Directors, Medical Directors, and Lead Clinical Supervisors met on October 29, 2014, to discuss clinical teams' progress on implementing the Model for Improvement, specifically utilizing a Plan Do Study Act (PDSA) framework of small tests of change. A total of 49 participants attended across 18 Civil Service programs.

Three clinics at various stages in the PDSA process were selected to present on their change concepts, data, and most importantly challenges. Chinatown North Beach Mental Health spoke of the difficulties of doing change work amongst all the competing initiative priorities, especially when it requires collaboration from other systems, e.g. primary care. Southeast Child and Family Therapy Center presented on their access to psychiatry quality improvement project, highlighting preliminary data showing decreases in time to offered, accepted, and third next available psychiatry appointments. OMI Family Center provided comprehensive service and cost data following the implementation of Wellness and Recovery principles, including both a Welcome Orientation class and a Medication Orientation class for all new clients.

Clinics were divided up into small groups to discuss lessons learned and prioritize key change issues. Four improvement collaboratives were created with 3-5 self-selected programs in each based on topic area of interest: (1) Increase step-up to Primary Care for clients who are ready, (2) Decrease wait time for appointments, (3) Implement Wellness and Recovery Strength-based Care for both clients and staff, and (4) Improve clinic communication for clinical and policy purposes. BHS Medical Director, Irene Sung, BHS Quality Management Director, Deborah Sherwood, and BHS Quality Improvement Coordinator, Michelle Meier, will design a follow-up technical assistance plan for each of the collaboratives.

OQM & MHSA's Evaluation of the Pilot 12N City Ordinance of San Francisco: LGBTQ Youth Sensitivity Training

Chapter 12N of the San Francisco Administrative Code requires all City departments to provide training that will increase sensitivity to LGBTQ youth. The purpose of this evaluation is to assess the impact of the pilot 12N training on the level of staff sensitivity, knowledge, and awareness to LGBTQ youth, and to determine the best format (in-person group discussion vs. online) for future trainings. The 12N pilot training was funded by the Mental Health Services Act's Innovation funding, supporting the testing of novel, creative, and/or original mental health practices. There were 13 total in-person, group training session attended by 654 DPH staff. The training was also offered online which was completed by 1,078 staff. The primary method used to assess the impact of the training was a survey, administered immediately before and after the video ("pre/post").

Findings that emerged from the evaluation included:

- Overall, in spite of high pre-test scores, there was modest improvement in employees' level of sensitivity, knowledge, and awareness to LGBTQ youth.
- 2. The online web-based training had technical problems.
- Participants rated training with high levels of satisfaction, with online participants rating it lower than group participants.
- 4. Participants recommended the group format for future 12N trainings.

5. Some of the programs reported making changes as a result of the training.

Recommendations for future DPH 12N trainings are the following:

- Despite the cost, DPH should have periodic department-wide trainings with in-person group discussion.
- Offer the online training only after DPH implements the new online training system to improve user experience.
- Monitor and track program changes that result from the training.

Refer to the following evaluation summary report attachment for more information:

(Attachment 1)

10. It is once again time for OPEN ENROLLMENT!

This article has been generated in an effort to help our patients navigate through the beginning steps of coverage determination and to make sure they are choosing the most appropriate plan to suit their medical and pharmacy needs.

How do patients know if they need to enroll? Patients who fall into the following two categories should be most concerned with open enrollment:

- Patients with NO current health care coverage → COVERED CALIFORNIA OPEN ENROLLMENT
 - Covered California Open Enrollment for 2015 begins Nov. 15, 2014, and ends Feb. 15, 2015.
 - Patients with no health care coverage should visit <u>www.coveredca.com</u> as soon as possible and choose to "Apply Now." After following the prompts and entering requested information, the patient will be provided with a list of available plans for which they are eligible to enroll in.
- Medicare ONLY patients (patients do not have Medi-Cal)→MEDICARE D DRUG PLAN OPEN ENROLLMENT
 - . Open Enrollment dates: begins Oct. 15, 2014 and ends Dec. 7, 2014
 - For patients who already have Medicare D Drug Coverage, it is important to
 evaluate the best plan during annual open enrollment, as plan drug
 formularies and patients' medication can change. Patients will want to go
 to www.medicare.gov to determine if there is a more
 appropriate/affordable plan that will better suits their needs. Patients will
 need a list of their medications and the Medicare (red, white, and blue)
 card.
 - HICAP is available to provide free help with enrollment (see below)
 - Remember that all Medicare clients need to be enrolled in a plan for medication coverage.
- O What if you miss open enrollment dates?
 - No current health care coverage: Outside Covered California Open Enrollment, patients can buy a health insurance plan only if you qualify for a special enrollment period. This is true for plans available outside the marketplace too. Clients who

- qualify for Medi-Cal can apply for Medi-Cal and the Children's Health Insurance Program (CHIP) any time, all year. Visit <u>www.coveredca.com</u> and click "Apply Now" (same as explained above) and the website will direct patients to their best available options.
- If Medicare-only, and currently enrolled in Part D plan: Patients who currently have
 a Medicare Part D plan and are interested in changing to different plan, must
 reenroll during open enrollment period (10/15-12/7). If patients do not reenroll
 during this period their current plan will be renewed automatically on January 1st of
 the upcoming year.
- Special assistance with enrollment/reenrollment
 - HICAP (Health Insurance Counseling and Advocacy Program) Free
 - Call first to schedule appointment; (800) 434-0222 or (415) 434-0222
 - Counselors are available to assist with Part D enrollment, along with providing free, unbiased counseling and community education on Medicare and related health insurance issues
 - Multiple convenient locations within San Francisco.
 - Translators are available to assist non-English speaking patients.
 - Medi-Cal enrollment
 - Go directly to Human Services Agency offices to meet with a Medi-Cal Health Connections staff member.
 - No appointment required
 - o Locations: 1440 Harrison St. or 1235 Mission St. in San Francisco
 - Hours of operation: Mon-Fri 8am to 5pm
 - o Phone number: (855) 355-5757 (call first to determine which documents will be need at time of visit)
 - Medicare Part D enrollment
 - Call 1-800-MEDICAR and talk to a Medicare agent. Patients will need a list of their medications and the Medicare (red, white, and blue) card.
 - CBHS Pharmacy
 - We can assist patients with determining who they need to contact and where they need to go.
 - Phone number: 415-255-3659 (Mon-Fri 8:30am to 5pm)
- Please inform patients that they should only be providing requested personal information to www.medicare.gov. There are many fraudulent websites that will request this information in an attempt to commit identity theft.

11. Children, Youth and Family System of Care Overview

In July of 2014 the System of Care Leadership team held a meeting to identify priorities for 2014 that align with Ambulatory Care and our Trauma Informed Systems Initiative. The leadership team identified priorities for their clinics and service areas utilizing feedback from their staff. Two main areas of focus were identified safety and stability and collaboration. Three specific projects that are underway are:

- System of Care Change: The implementation of the Crisis Triage Grant utilizing the State MHSA dollars is intended to transform the way children and youth in crisis and under duress are assessed, stabilized and treated. Through the implementation of the Crisis Stabilization Unit. Comprehensive Crisis now has a space and a place to assess youth and in collaboration with Edgewood Stabilize the youth in order to prevent unnecessary hospitalization and/or lengthy stays in inappropriate locations such as emergency rooms and adult psychiatric crisis. A second component, Mobile Treatment Teams will focus on providing intensive community based treatment for children, youth and their families in the community. The Mobile treatment teams include family and youth peers as part of the treatment team. We hope to implement beginning in July. The Third Component is the Mental Health Association, Warmline. This service will provide a place for TAY, Adults and parents to discuss behavioral health concerns with trained peers with clinical oversight.
- Access and Clinical Flow: After a year of planning with System of Care partners. CYF will begin to
 roll out a Clinical Access, productivity and Flow plan designed to provide better, more focused care
 to children, youth and their families. The new plan includes a focus on improved clinical supervision,
 focusing on case formulation and review, assessing risk factors at all levels of care and helping
 determine places care is getting stuck or bogged down. The intention is to improve care, increase
 access, reduce waiting and focus on helping clinical staff by increasing team based care.
- Safety and Collaboration: In order to focus on Staff Experience and Safety, CVF, is working with
 Facilities, Human Resources and Information Technology to Improve communication, prioritize
 facility, IT and HR needs in the clinics and facilities. Focusing on improved communication and
 support services is intended to insure that safety and critical work flow issues are addressed. The
 intention is by collaborating and streamlining issues can be addressed sooner allowing for increased
 quality of care and productivity for all staff.

Comprehensive Child Crisis Services

The Comprehensive Crisis Services Team had a very busy October 2014. The Child Crisis team provided 73 crisis evaluations out in the field during October, including assessments at the CSU, at schools, hospital ERS, and in our CCS clinic. Our team showed dedication and commitment to the communities we serve and to one another, stepping up to provide excellent mental health care and help keep children and families safe and working toward overall wellness and recovery. They rose to the challenge of providing up to six crisis assessments in the field per day, with an average of just over 18 crisis evaluations per week. Our team continued to grow and evolve during the month. We engaged in open collaboration with the CBHS management team and Edgewood staff in order to facilitate the refinement of processes, protocols and procedures to best utilize the CSU in order to help divert children and adolescents under 18 years old from an inpatient psychiatric hospitalization when appropriate. I continue to admire our team members' dedication, flexibility, hard work and patience in providing comprehensive mental health care with a focus on the overall health and wellness of the children and families in San Francisco.

Crisis Triage

Instituto Familiar De La Raza has Joined the Crisis Triage Grant. They will be starting Caminos which will be Mobile Treatment Teams serving the Mission and Spanish speaking clients city wide. Focusing on providing services to unaccompanied minors.

L.E.G.A.C.Y. (Formerly CSOC)

LEGACY continues to collaborate with other agencies and organizations. The Youth Development Team has been working in conjunction with the Sunnydale Wellness Center to help provide services to the families in that area. Our Family Involvement Team (FIT) is in the process of acquiring the knowledge and capability to sign up children for childcare through SF3C program via the computer. FIT is continuing to work with HSA's Peer Parents on the iASC (Katie A) pilot program by attending Child and Family Team (CFT) meetings.

On November 6th, LEGACY held a graduation ceremony for the participants who completed our latest Triple P cohort. The class was facilitated by Jennifer Hubbart and Julian Philipp.

Our annual Family Support Night Halloween event was very well attended. All the families had a wonderful and safe time. Activities included art, face painting, coloring, trick-or-treating and a costume give away.

Our annual Thanksgiving Family Support Night will be held on November 17th. At this event, we will share a traditional Thanksgiving meal with our families and discuss the healing properties of gratitude.

Mission Family Center

During Mission Family Center's (MFC) retreat in August, team building was identified as one of the clinic needs. In September and October, MFC staff embarked upon a team building activity called "pay-it-forward." The gratitude, creativity and energy that staff have put into this team building activity—and the resulting increased staff morale—is amazing! Thank you to Claudia, Juan & Marta who initiated this monthly activity and to Ana & Gilma and Jose & Josefina who were nominated to "pay-it-forward" in subsequent months! In addition to team building, MFC has made great progress on our Intake pilot initiated in July 2014. Thanks to Ana, Augusto, Jose, Josefina, Maureen, Marta & David—all who served as early adopters! As a result of this pilot MFC has reduced our wait list by 87% since December 2013; has assigned 22 cases since July 2014; and has achieved 100% timely access from July-September 2014. We are now piloting the "spread" of this endeavor to the entire staff. Great work to all and more to come!

Family Mosaic Project

In the month of October, Family Mosaic Project developed a Safety Committee. This group meets every two weeks to address issues of safety that have been voiced by staff. The topics can cover concerns that staff have identified in staff meetings. Some of the topics we are currently working on are safety protocols when conducting home visits, client's escalating in the waiting room areas, and building relationships with other businesses in the Bayview. This committee meets bi-weekly and all FMP staff are welcomed to attend to give input and recommendations.

Foster Care Mental Health Program

Foster Care Mental Health (FCMH) welcomes Celan Beausoleil to our Case Management Team! Four FCMH staff have begun their 18 month training in Child Parent Psychotherapy, delivered by the UCSF Child Trauma Research Project team. With this work, we hope to deepen a developme hal, family focused trauma informed practice at FCMH. This focus will support our ongoing efforts with HSA to provide long term, attachment based, trauma informed care coordination for children and youth in Foster Care.

The Parent Training Institute

The Parent Training Institute has been very active in the past month:

 In October we trained a new cohort of Triple P providers from 10 agencies, who will be accredited next week.

- In collaboration with First 5, we also convened our first Triple P Learning Circles, in which providers
 from multiple agencies met to share best practices and lessons learned about delivering Triple P to
 San Francisco's families. Feedback from the Learning Circle was overwhelmingly positive and
 practitioners requested that the PTI hold a Learning Circle at least twice per year, which we are now
 planning to do with the support of First 5.
- Finally, we have completed a pilot of Group Stepping Stones, a Triple P intervention for parents of
 children with disabilities, which was run by trained staff from Support for Families of Children with
 Disabilities. The outcomes of the pilot were excellent, and the feedback from both the practitioners
 and families was glowing. Support for Families had more staff trained in the October Triple P
 training and plans to run another group soon.

Intensive Supervision and Clinical Services

The Intensive Supervision and Clinical Services (ISCS) Program, a blended clinical teams from 5 different community-based agencies (CICI, CYC, IFR, OTTP, YMCA US) has completed a draft of our Program Model and Manual.

Tell us your clinic story and we will add it to the upcoming Director's Reports

Past issues of the CBHS Monthly Director's Report are available at: http://www.sfdph.org/dph/comupg/oservices/mentalHth/CBHS/CBHSdirRpts.asp To receive this Monthly Report via e-mail, please e-mail vita.ogans@sfdph.org

ITEM 2.0 MENTAL HEALTH SERVICE ACT ANNUAL UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Annual Update: Public Hearing

- Ms. Robinson commented that many people received Mental Health Loan Assumption Program (MHLAP) awards through the loan forgiveness program.
- Dr. Patterson asked how much the awards were for.
- Ms. Robinson commented that the actual award dollars varied individually
- 2.2 Public comment
- Ms. Mera asked if her Jail Health Services program might qualify for MHLAP awards.

Ms. Robinson said MHLAP excludes adult jail services, since the Jail Health Service program can participate in a separate but comparable MHLAP program.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 PROPOSED RESOLUTION Be it resolved that the minutes for the Mental Health Board meeting of October 15, 2014 be approved as submitted.

Unanimously approved

3.3 Resolution: Be it resolved that the Mental Health Board commends Eve Meyer, Executive Director of Suicide Prevention, for her years of leadership, advocacy and training in suicide prevention and support.

RESOLUTION: (MHB - 06) Resolution: BE IT RESOLVED that the Mental Health Board commends Eve Meyer, Executive Director of Suicide Prevention, for 26 years of dedicated leadership, advocacy and training in suicide prevention and support.

WHEREAS, Eve Meyer is an extraordinary leader and educator on the issue of suicide and of San Francisco Suicide Prevention, the oldest suicide and crisis hotline service in America, and;

WHEREAS, Eve Meyer serves with integrity, kindness, inclusiveness, a warm sense of humor, and a sincere belief in the extraordinary capacity of people helping people, and;

WHEREAS, Eve Meyer has profound respect for people and deep understanding of the challenges they face, making them feel they are important, and;

WHEREAS, Eve Meyer always listens to, gives support to, and identifies the needs and aspirations of the community, celebrating and sharing in its achievements, and;

WHEREAS, Eve Meyer expanded and grew San Francisco Suicide Prevention to become one of the most well-known and well respected organizations in the City and County of San Francisco that saves lives every day, and;

BE IT RESOLVED that the San Francisco Mental Health Board commends Eve Meyer for her extraordinary leadership, compassion, and ongoing commitment to saving the lives of people facing their darkest moments.

Ms. Meyer thanked the board and attributed her award to her own mother's teaching and to a strong and effective staff.

Dr. David Elliott Lewis thanked Ms. Meyer for her advocacy in suicide prevention.

Unanimously approved

ITEM 40 PRESENTATION: JAIL PSYCHIATRIC SERVICES, TANYA MERA, DIRECTOR OF BEHAVIORAL HEALTH AND REENTRY SERVICES. OVERVIEW OF JAIL PSYCHIATRIC SERVICES AND BEHAVIORAL HEALTH COURT GRADUATE EXPERIENCE.

4.1 Presentation: Jail Psychiatric Services, Tanya Mera, Director of Behavioral Health and Reentry Services. Overview of Jail Psychiatric Services and Behavioral Health Court Graduate Experience.

Dr. David Elliott Lewis welcomed Tanya Mera.

Her presentation is at the end of the minutes

Ms. Mera introduced Mr. Kenneth Cooper who came to share his Behavioral Health Court experience.

When taking mental illness into consideration, she said statistically 40.1% of inmates, who feel isolated and alienated by their families, were initially referred to Jail Health Services for psychiatric assessment. Then, Jail Health Services clients are clinically qualified to participate in the Behavioral Health Court (BHC) which began in 2002 as a non-adversarial system. BHC primary goal has been reducing recidivism and increasing public safety.

Inmates with mental illness charged with and convicted of sex crimes and homicide are precluded from participating in the BHC.

Her staff divert eligible clients with mental illness and/or substance abuse into BHC as treatment intervention, rather have these clients be "punished" without therapeutic medical rehabilitation. BHC clients respond very well to the BHC judge.

Mr. Cooper was a BHC graduate and expressed that he would like to see a reduction in mental health stigma.

With an aspiration of becoming a lawyer, he started to attend college at the University of California at Davis before he transferred to UC Berkeley campus where he lived at the International House. While completing his education, he was hospitalized briefly and was diagnosed with manic depression.

He was prescribed lithium. In 1982, he participated in the Lyndon B. Johnson scholarship program. In spite of being intermittently hospitalized, he became a professional and had a career in advertising for years. During this period he was never involved with the criminal justice.

But, in 2010 he had an acute psychotic episode in San Francisco and was arrested. After spending 18 months in isolation in the San Francisco jail system, he lost connection with his family and friends, but he received jail psychiatric services. Ms. Tanya Mera of JPS and Ms. Jennifer Johnson of BHC were instrumental in diverting him from probation. Judge Wong of BHC enabled him to succeed and helped him restructure his life and maintain his medication regiment. He has stayed engaged with Citywide services and has achieved housing and financial stability.

Through BHC, he was eligible to participate in the HERO program (Housing Employment Recovery Outcome). He regained his dignity and self-worth. Now he works at Macy's half-time. In four years (since 2010), he has not touch alcohol or other illegal substances. He has re-united with his family and friends.

Dr. David Elliott Lewis asked what services or programs were helpful in his recovery.

- Mr. Cooper said his enrollment in AA coupled with case management care provided camaraderie and fellowship. AA members have inspired him to learn how to live and develop good coping skills, rather than mal-adaptive skills that would cause his life to spiral out of control.
- Mr. Wishom said JPS are good and shared that BHC helped him reduce his felony down to a misdemeanor to allow him to participate in community based services. He is also in the HERO program and is going to culinary school.
- Dr. Patterson thanked Mr. Cooper and Mr. Wishom for sharing their stories. He asked about the statistics on BHC efficacy.
- Ms. Mera said that BHC is most effective for people with both serious charges and serious mental illness.
- Ms. Virginia Lewis asked about housing placement as JPS clients wait in jail rather than being released just to end up being homeless again.
- Ms. Mera said that housing in San Francisco is a challenge for her clients. She has struggled for her clients to find housing grants. On average, it is about a three month wait for a stable housing placement.
- Ms. Wilson wondered if there are any statistics on San Francisco natives benefiting from the BHC program.
- Ms. Mera said that she has seen a lot more non-San Francisco native clients in BHC.
- Ms. James wondered when the process starts in JPS.
- Ms. Mera explained that there is two day turn-around for people to be evaluated for clinical qualifications to be enrolled and diverted into the BHC. The majority of her clients are homeless.
- Ms. James wondered how Mr. Cooper sustains his motivation in recovery.
- Mr. Cooper stated that his motivation is multi-faceted. He tries to keep his energy going every day by living with a mindful life. He looks forward to the future rather than being held back by the past.
- Ms. Stevens asked about the average age of BHC participants.
- Ms. Mera said that the vast majority of clients are under 45 years old but she is starting to see an increase in elderly clients with late on-set of mental illness.
- Dr. David Elliott Lewis asked about the date of the next BHC graduation.
- Ms. Mera said the next graduation is at 10 am tomorrow in Department 15 at 850 Bryant St.
- 4.2 Public Comment
- Ms. Toni Parks shared that she personally graduated and benefited from BHC and is very proud of San Francisco for embracing diversity and a progressive attitude. She admired that many clinicians in the public health and judiciary seem to "get it" when it comes to the underserved and/or underprivileged.

Ms. Robinson said most jails just provide the bare minimum services per constitutional requirements. Also she reminded the public that the correct terminology for schizophrenia is to describe a disease and not to describe a person, as a whole. A person has schizophrenia. They are not "a schizophrenic"

ITEM 5.0 REPORTS

For discussion

- 5.1 Report from the Executive Director of the Mental Health Board.
- Ms. Brooke reminded the board about the following:
 - 12/6/2014 is the 2014 Annual Retreat from 9 AM 4 PM at the Hotel Whitcomb at 1231 Market Street, San Francisco, CA 94103.
- 5,2 Report from the Co-Chair of the Mental Health Board and the Executive Committee,

The next meeting of the Executive Committee is tomorrow, Thursday, November 20th, 2014 at 10:30 AM in Room 226, the Mental Health Board office, at 1380 Howard Street.

- Mr. Joseph announced that Dr. David Elliott Lewis will give a brief update on the work of the Assisted Outpatient Treatment Planning Task Force.
- Dr. David Elliott Lewis said the committee met four times. Jo Robinson will be responsible for San Francisco's AOT implementation. He said the implementation process will begin in November 2015. It was projected that about 100 clients/patients will be clinically qualified for treatment. The review team is made up of three mental health professionals.
- 5.3 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.
- Ms. Virginia Lewis nominated Health Right360.
- Mr. Wishom nominated Asian American Recovery which is part of the Health Right 360 program.
- 5.4 Report by members of the Board on their activities on behalf of the Board.
- Ms. James reported that she did two site visits: San Francisco General Hospital and Horizons Unlimited. She was very surprised how calm the 7L unit was at San Francisco General Hospital.
- Dr. Patterson said he also visited San Francisco General Hospital and shared that Kathy Ballou, Executive Director of the program was excellent. He visited the inpatient unit 7L which is the jail forensic unit. He met a few patients who were very calm and pleasant, although he was surprised by Kathy's response that the current psychiatric beds are adequate. He felt Psychiatric Emergency Services does a good job at screening and discharging people back to the community.
- 5.5 New business Suggestions for future agenda items to be referred to the Executive Committee.

None was suggested.

5.6 Public comment.

No public comments.

ITEM 6.0 PUBLIC COMMENTS

No public comments.

ADJOURNMENT

Meeting adjourned at 8:21 PM.

Behavioral Health and Tail Health Services: Reentry Programs

Tanya Mera, LCSW

Director of Behavioral Health and Reentry Services tanya mera@sldoh ore

415-575-4332

Today, approximately 800,000-persons with serious mental illness are admitted to U.S. jails each year.

http://gainscenter.samhsa.gov/topical_resources/jail.asp





72 percent of these individuals also meet criteria for co-occurring substance use disorders

http://gainscenter.samhsa.gov/topic al_resources/jail.asp

United States, and more than 500,000 people with mental illnesses are under correctional incarcerated in jails and prisons across the "On any given day, between 300,000 and 400,000 people with mental illnesses are control in the community."

~ Mental Health America

2013 Statistics

- 13,905 unique individuals were booked in to the County Jail
- Average inmate population was approximately 1300
- 40.1% of inmates had at least one contact with Behavioral Health Staff.
- 10-11% of the total jail population were diagnosed with a severe and persistent mental illness
- Monthly, clinicians conducted 575 Mental Status evaluations, 3,300 treatment sessions, 345 collateral contacts, 220 discharge planning contacts, and 1,260 case management contacts.
- address the mental health needs of approximately 1,300 inmates in the jail at BHS has 17 clinicians, 1.75 psychiatrists, and 3 mental health workers to any given time.
- BHS had unduplicated contact with 5,580 individuals

Medical and Mental Health Services Title 15- Article 11

- Minimum jail standards
- Inmates will have access to:
- mental health assessment and treatment
- crisis intervention (including transfer to another facility, such as SFGH Ward 7L, to meet these needs)
- stabilization and treatment of mental illness
- medication support services
- Individual treatment plans for inmates with a mental illness that may be shared with custody staff to coordinate care
- Suicide prevention program

Behavioral Health Services

BHS provides the following services:

- Evaluation
- Crisis intervention
- Individual and group therapy
- · Evidence Based Practices (EBP)
- Medication management
- Assessment and referrals to community treatment
- Substance abuse assessment

Behavioral Health Services

- BHS provides intensive psychiatric treatment in a milieu setting to inmates who would be vulnerable if housed in general population
- Observation Housing
- Women's Psychiatric Sheltered Living Unit (CJ2)
- Men's Psychiatric Housing (CJ4)
- Men's Psychiatric Sheltered Living Unit (CJ5)
- Men's Psychiatric Administrative Segregation (CJ5)
- Coordination with SFSD to move stable individuals from administrative segregation to milieu setting

Treating Mental Illness

- Individual treatment plans may include:
- individual therapy
- group therapy
- case management
- psychiatric medications
- supported living
- sexuality, and other individual differences into account Treatment interventions take race, gender, culture,

Reentry Services

- Team consists of 4 clinicians and 1.8 mental health counselors.
- Services include:
- Linkage to community treatment
- Care coordination and management
- LPS and Murphy conservatorship justifications
- Competency restoration treatment for patients found incompetent on misdemeanor charges
- Clinical eligibility determination for inmates referred to Behavioral Health Court
- Discharge planning and placement

Reentry Services

Primary goals include:

- Ensuring continuity of care between the jail and the community
- Collaborating with the courts to develop legal dispositions that allow for treatment
- various systems effecting the lives of vulnerable populations Increasing communication and collaboration between the within the jail
- Decreasing recidivism
- Improving individual and public health and safety outcomes.

Behavioral Health Court (BHC)

- Started in 2002
- District Attorney, Sheriff, DPH, JPS, APD, CWCMF Collaboration between the Court, Public Defender,
- disproportionately persons of color, high end users of criminal justice and PES, incarcerated at time of entry Clients in BHC are primarily homeless, into program
- BHC is voluntary and defendant must be amenable to community treatment

BHC Population Snapshot

- 150 Active Clients
- 82% charged with felonies
- 18% charged with misdemeanors
- 72% male, 30% female
- 46.3% African American
- 51% White
- 13% Hispanic
- 13% Asian
- On average 66% are diagnosed with schizophrenia

BHC Primary Goals

- Connecting criminal defendants with serious mental illness to community treatment
- Finding appropriate dispositions to the criminal charges that consider the mental illness, the seriousness of the offense and victim impact
- Ensuring public safety and reducing recidivism and violence on re-arrest through appropriate treatment/supervision
- Increasing collaboration between all partners

BHC Case Processing

- Court is notified that a defendant may be mentally ill->
- Attorney orders a 4011.6 report to determine clinical eligibility->
- [ai] Reentry evaluates client and provides a report to the court->
- If clinically eligible, case is referred to BHC for a case presentation->
- BHC legal team determines legal eligibility and determines legal conditions under which the individual enters the court.

BHC Clinical Eligibility

Eligibility decisions for BHC are based on the following:

Diagnosis

Public safety/clinician safety

History of treatment and treatment compliance

Motivation for treatment

Insight in to mental illness

Current charges

Criminal history

How the mental illness led/relates to the crime

BHC Legal Eligibility

- Legal team includes: Judge, Defense Attorney and Assistant District Attorney.
- Sex & homicide cases are ineligible. Domestic violence, "serious felonies" as defined by Penal Code 1192.7 (c) weapons offenses, offenses involving GBI, and other are ineligible without DA's consent.
- BHC legal outcome is better than if client had remained in traditional criminal court.

BHC Participation

- Referrals and linkage to treatment done by Jail Reentry
- Jail Reentry acts as a liaison between the community provider, the jail and the court once linkage to community providers is established
- Client remains in jail until community based housing and services are in place
- High level of supervision, structure, and treatment compliance expected by DA and Judge
- Use of incentives and sanctions

Elements of a Treatment Plan

- Housing
- Substance Abuse Treatment
- Individual, Group and Family Therapy
- Trauma Treatment
- Vocational Training
- Supported Employment
- Educational Activities
- Parenting Classes

- Money Management
- Dialectical Behavior
 Therapy
- Illness, Management and
 - Recovery
- Medical Treatment
- Social Activities
- Spiritual Activities
- Domestic Violence Classes

Use of the Court as Treatment Intervention

- Ability to understand the legal status of clients
- Creative use of incentives and sanctions
- Utilize the Court as reinforcement of treatment options and make client realize consequences of behavior
- Mutual accountability and respect between the court and treatment encourage growth and change.
- Court buy-in provides authority to ensure that all parties involved adhere to therapeutic principles.
- Better treatment outcomes

BHC Program Compliance

- The defendant can opt out of BHC at any time; will return to original criminal court for case processing.
- A participant who commits a new offense that presents a threat to public safety is terminated from the program; if not a threat to safety, eligibility still re-visited
- treatment plan. Individuals usually remain in the program To graduate, clients must demonstrate adherence to for a minimum of one year

Benefits of BHC Participation

- Increased compliance with treatment
- Increased continuity of care between jail and the community
- Creative use of incentives and sanctions
- Legal dispositions that take into account a person's mental illness.

Community Providers and BHC

- between community providers and BHC is necessary Ongoing communication and treatment planning for client success.
- Verbal treatment progress reports can be conveyed through Jail Reentry clinicians.
- periodic BHC case conferences to express concerns or Community providers are encouraged to attend provide clinical information.

BHC Empirical Evidence

- 39% decrease in recidivism and a 54% decrease in re-arrest for violence for BHC Graduates (UCSF).
- hospitalizations, reduced risk to public safety (RAND, Savings of jail bed days, decrease in psychiatric Alleghany, PA)
- first year of BHC (as compared to the previous year) (SF Saves the CJ system, on average, over \$10,000 during the
- Reduces the probability of a new criminal charge by 26% in the 18 months after entering the program (SF BHC).
- Reduces the probability of a new violent criminal charge by 55% in the 18 months after entering the program (SF BHC).

Questions?







SAN FRANCISCO MENTAL HEALTH BOARD



· Finst

Mayor Edwin Lee 1380 Howard Street,2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental health

Mental Health Board Annual Retreat

Saturday, December 6, 2014 Hotel Whitcomb Lombard Room 1231 Market Street, S.F. CA 9:00 a.m. - 4:00 p.m.

AGENDA

- 1.0 Getting to Know You Icebreaker
 1.1 Public Comment
- 2.0 Overview of 2014 and Discussion Ouestions
 - What have you liked most about being on the board and what have you done that you done that you particularly liked?
 - · What are your greatest passions regarding mental health?
 - What resolutions would you propose for the coming year?
 - 2.1 Public Comment
- Program Review Overview
 Brief training about how board members should conduct program reviews of mental health programs.
 1 Public Comment
- 4.0 Board Mandate and Protocol Brief overview of the California legislative mandate for Mental Health Board duties and responsibilities; Robert's Rules of Order. Discussion about board protocol.
 - 4.1 Public Comment
- 5.0 Needs, Priorities and Goals

GOVERNMENT DOCUMENTS DEPT

NOV 2 5 2014

SAN FRANCISCO PUBLIC LIBRARY Discussion about needs, priorities and goals for the San Francisco Mental Health System and specific areas the Mental Health Board will focus on for 2015. 5.1 Public Comment

6.0 Development of 2015 Agenda

Discussion and creation of a draft agenda overview for 2015 focusing on three key priorities for the year with three meetings per item.

Adjourn

No votes will be taken on any items at the Retreat. All issues arising at the Retreat which require a vote of the Board will be placed on the agenda for the regular meeting of the Board on January 8, 2014. For further information, please call the office at 415-255-3474

DISABILITY ACCESS

- 1. The Hotel Whitcomb is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
- 2. The closest accessible BART/MUNI station is the Civic Center station, at the intersection of 8th and Market Streets. Public Transit is available all along Market Street. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
- 3. The Hotel Whitcomb is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room is wheelchair accessible.
- 4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES
The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the

removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force City Hall, Room 244 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689 Telephone: (415)554-7724 Fax: 4(15) 554-5163 E-mail: sotf@sfov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Sunshine Ordinance Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics.



SAN FRANCISCO MENTAL HEALTH BOARD



1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 . mhb@mhbsf.org www.mhbsf.org www.sfgov.org/mental_health

Retreat Notes

Mental Health Board Annual Retreat Saturday, December 06, 2014 The Hotel Whitcomb, Ghirardelli Room 1231 Market Street San Francisco, CA 9:00 AM – 4:00 PM

BOARD MEMBERS PRESENT: David Elliott Lewis, PhD, Co-Chair; Wendy James, Vice Chair; Virginia S. Lewis, MA, LCSW, Co-Secretary; Terry Bohrer, RN, MSW, CLNC; Kara Chien, JD; Ulash Thakore-Dunlap, MFT; Deborah Hardy; Terence Patterson, EdD, ABPP; Vanae Tran, MS.; Idell Wilson; Adrian Williams; and Njon Weinroth.

BOARD MEMBERS ON LEAVE: Ellis Joseph, MBA, Co-Chair; Andre Moore; Harriette Stevens, EdD; and Errol Wishom, Co-Secretary.

BOARD MEMBERS ABSENT:

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); and Sgt. Kelly Kruger, San Francisco Police Department (SFPD), member of the public

CALL TO ORDER

Dr. David Elliott Lewis called the meeting of the Mental Health Board to order at 9:45 AM. He introduced Njon Weinroth, a new board member appointed by Supervisor Norman Yee in December.

Mr. Weinroth said he is a consumer with a background in mental health and substance abuse.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes to the agenda.

ITEM 1.0 GETTING TO KNOW YOU ICEBREAKER

GOVERNMENT DOCUMENTS DEPT

JAN - 8 2015

SAN FRANCISCO PUBLIC LIBRARY Ms. James led the recbreaker exercise where board members shared things they enjoyed.

ITEM 2.0 OVERVIEW OF 2014 AND DISCUSSION QUESTIONS

Ms. Wilson facilitated the session. Board members responded to the following three questions.

- 1. What have you liked most about being on the board and what have you done that you particular liked?
- 2. What are your greatest passions regarding mental health?
- 3. What resolution would you propose for the coming year?
- Mr. Weinroth is passionate about raising more awareness about substance abuse and co-occurring disorders of mental health and substance abuse. He would like to see less barriers to treatment choices and more focus on consumer-centric recovery in the private and public healthcare sectors.
- Ms. Chien is a public defender and likes to learn and be informed about available resources and services in San Francisco. Representing the Public Defender's Office, she participated in the implementation committee on Laura's Law (Assisted Outpatient Treatment). She believes passionately in the rights of judiciary review for Assisted Outpatient Treatment and the right to a treatment process that is empowering. She wants to remove access barriers for self-referred people wanting treatment. She suggested two resolutions, one regarding the stigma of mental illness and unconscious bias and the other regarding the ability to have accessible treatment for people in need.
- Dr. Patterson is a University of San Francisco professor and stated that he enjoys and appreciates the board spirit and diversity and sharing of information about the San Francisco mental health system. He also appreciated the site visits. He passionately advocated for Laura's Law for San Francisco and appreciated the Assisted Outpatient Treatment (AOT) advocacy. He would like more services for those most disadvantaged, people who are homeless, people with mental illness who are incarcerated and people impacted by trauma.
- Ms. Virginia Lewis has a clinical practice and feels she has expanded her knowledge about the range of needs, services and treatment available in San Francisco. She greatly valued the many ethical and moral people she met with strong commitments to community and care. She focuses passionately on the chronically, seriously mentally ill and wants to reduce the number of people with mental illness in the jail system. She would like to develop alternative, economical and sensible treatment.
- Ms. Williams attended her first board meeting as a member and enjoyed the November 2014 presentation about jail psychiatric services. Her career is dedicated to children and youth and their mental health wellbeing. She believes the lack of mental health services in the education system just perpetuates mental illness in youth. For example, in the underserved communities, not only is there lack of resources but there are also not enough grief counselors to help children victimized by violence to find closure and to heal holistically. School, in general, just dismisses and addresses these children as having behavioral problems. She is passionate about advocating for youth around community violence and educating parents about getting appropriate and timely help for their

children. For a resolution, she would suggest that whenever there is a murder a process automatically sends grief counselors to the family and other community members to help and provide needed services. She would also propose resolutions about identifying children with mental health needs in schools.

Ms. Bohrer is a clinician and liked learning about the California mental health system. She found site visits to be helpful to see what is going on in San Francisco mental health programs. She likes meeting new people and the cooperative spirit with the site visits. She is passionate about better development of crisis response for San Francisco. She feels that community based care is not enough; she would like more hospital beds be available for the 24-72 hour critical period for people experiencing acute psychosis. She would like to advocate for a 24-hour mobile crisis treatment team. She would like to see a more informative referral service in a one-stop resource. She said there are people who are homeless with mental illness who are ineligible for shelters. She wants to see a metric for a comprehensive five-year mental health plan. She would like to see San Francisco participate in the Network of Care website. She feels there are often news items that do not come to the attention of the Mental Health Board such as people with mental illness being turned away from shelters. She would like board members to be more proactive with advocating to the Board of Supervisors about mental health issues.

Ms. Thakore-Dunlap likes the ethnically and racially diverse board membership. She is passionate about providing services for the undocumented immigrant community. She would like to see a comprehensive list of resources for undocumented families to find mental healthcare services. She would like to see education of clinicians about their unconscious biases so that they would have a better understanding that racial identity in everyday life can manifest into violence and aggression. She would like a resolution developed regarding education for people providing services to understand their own racial biases and issues.

Ms. James is glad there is a board that consumers can be on. She shared that her seat on the board empowers her in her peer advocacy. She finds site visits of programs to be very informative, and that her role as a consumer enhances her connection to the clients she interviews. Without much explaining from clients during the client interviews wession, she instantly "gets it" when clients share their mental health struggles. She is passionate about senior services, as there are too many seniors with mental illness, many of whom feel alone and isolated, and sometimes side effects of medications go unnoticed with this population.

Ms. Hardy just joined the board. She is interested in becoming more informed. She believes lot of people who are in need of services do not know how to access services effectively.

Ms. Tran has enjoyed the presentations, learning about services, meeting people and building relationships. She is passionate about services for multi-cultural families from individual to family therapy. She advocates a resolution to develop a one-stop resource center for services, and more effective marketing of available services.

Dr. David Elliott Lewis shared that his serving on the board helps him stay engaged therapeutically, and empowers him in wellness, recovery and self-determination. He served on the Mayor's CARE Committee and the implementation committee for Laura's Law. His passion is to change perception

about mental health illnesses and challenges. Stigma just perpetuates further cultural marginalization. He would like to not only reduce stigma regarding people with mental illness, but for society to see that people with mental illness have potential to contribute and participate in society. He hopes future resolutions include a greater role of hybrid peer services for mental health care from sub-acute, diversion, to acute psychosis. He would like to see peers in all programs and types of treatment services working with mental health professionals. For the Mental Health Board he would like to see more members of the public attending, more program reviews, and pass more resolutions.

Ms. Wilson enjoys doing program reviews and believes program reviews provide insights into how services are effectively rendered to the underserved. Of all boards in San Francisco that she has seen, she believes the Mental Health Board is the most diverse in term of ethnicity and gender. For future resolutions, she hopes to see more accountability in how Proposition 63 dollars are being spent, and more focus on client needs for types and locations of programs.

2.1 Public Comment

No public comments.

ITEM 3.0 PROGRAM REVIEW OVERVIEW

Board members would like to update the program review process to include obtaining the program's budget and mission so that during the site visit, reviewers would have more in-depth knowledge of the program mission.

Ms. Wilson and Ms. Bohrer facilitated a brief training about how to do program reviews. They went over various forms.

Ms. Bohrer suggested that program review results and findings should be shared with the rest of the board members to keep them abreast of various community programs and services. She also suggested a standing program review committee to be set up to follow up with board members after reviews are completed so that summaries are finished. She suggested the report be included in the mental health board's annual report.

Ms. Wilson accepted the role of chairing a program review committee. The committee will reevaluate the program review process. Terry Bohrer, Njon Weinroth, Vanae Tran, Ulash Thakore Dunlap, and Virginia Lewis volunteered for this committee.

3.1 Public Comment

No public comments.

ITEM 4.0 BOARD MANDATE AND PROTOCOL

Ms. James facilitated an overview of the Sunshine Act and general board protocol.

Dr. David Elliott Lewis explained that the Sunshine Ordinance video is available.

- Dr. Patterson shared that Sunshine Ordinance may only be applicable to sworn in members and commissioners
- Ms. Brooke said by SF City Administrative Code, the Mental Health Board is considered a commission. She announced that the Executive Committee formed a nominating committee for the January 2015 slate of officers to be voted on at the February 2015 meeting.

4.1 Public Comment

No public comments.

ITEM 5.0 NEEDS, PRIORITIES AND GOALS

- Dr. Patterson facilitated this agenda item. He suggested focusing on three key priorities or issues. For those issues, the board would have presentations, develop resolutions, do relevant site visits, and public outreach. He suggested that there be a point person for each priority to organize and lead developing how the board would look into the issue, seek presenters and develop and maintain contact with those who could help the board such as supervisors. Dr. Patterson also encouraged the board to advocate strongly for a member of the Board of Supervisors to be an MHB member.
- Sgt. Kruger suggested that we might ask for a liaison from the Board of Supervisors.
- Dr. Patterson's suggested priorities are people who are homeless who have mental illness, incarcerated people with mental illness who are not receiving adequate treatment, and chronic trauma caused by violence on the streets. The number of homeless people is the same since Mayor Gavin Newsom was in office. He suggested more focus on the most disadvantage people who are least likely to stay engaged in services.
- Sgt. Kruger would like to see a concerted effort for more outreach for extra services for single older adults who are in need of mental health and substance abuse services.
- Dr. David Elliott Lewis suggested having information on mental health services be easily accessible for people in need of services.
- Sgt. Kruger illustrated an example of a wealthy woman living in Pacific Height with co-occurring disorders but her wealth prohibited her from accessing City and County public services.
- Sgt Kruger suggested sending invitations to supervisor's aides to attend board meetings so they can report back to their supervisors on the Mental Health Board activities.
- Ms. Wilson added holding supervisors accountable through their aides.
- Ms. Chien suggested a special invitation be extended to Supervisor Mark Farrell to encourage other board supervisors to engage in the Laura Law Implementation process.

Board Members developed the following potential priorities for the upcoming year.

- 1. Homeless on the streets
- 2. Incarcerated mentally ill
- 3. Senior services
- 4. Information and access to services
- 5. Trauma, youth and family violence
- Examine entry criteria for mental health programs
- 7. Review process for tax breaks to corporations for community benefits
- 8. Network and referral to drug and alcohol treatment programs
- 9. Peer provided mental health services
- 10. Telephone mental health support lines
- 11. Alternative mental health and substance abuse treatments

Board members voted individually for three priorities. The priorities with the most votes were Incarcerated Mentally III, Information and Access to Services, and Trauma, Youth and Families. Senior needs would be rolled into each priority.

5.1 Public Comment

6.0 DEVELOPMENT OF 2015 AGENDA

Dr. David Elliott Lewis facilitated this agenda item.

- Ms. Chien proposed having a Mayor's Office Representative to explain the lobbying process where tax breaks lead to community benefits for private companies like UCSF, and Twitter.
- Ms. Virginia Lewis was curious about the mandatory mechanism for non-profit healthcare providers like Kaiser, and Sutter/CPMC to give back to the community through more services for the mentally ill.
- Mr. Weinroth is interested in a network of referrals for drug and alcohol treatment.
- Ms. Hardy suggested a one-stop shop that would provide information and access to services and resources.
- Dr. David Elliott Lewis advocated for more peer provided support in mental health services.
- Ms. Chien suggested cost effective alternative mental health treatments.

The Jurard selected three priorities for 2015 and four board members to the lead the organization of how the priorities would be developed. Kara Clien will lead "Issues Incarcerated Mentally Ill", Vanae Tran will lead "Information Services and Access", and Adrian Williams and Terence Patterson will co-lead "Chronic Franna as Related to Violence and Youth and Franity Issues".

1. Issues Concerning Incarcerated Mentally Ill

- · Indigent people and Issues
- · Family member visiting
- · Jail psychiatric housing and facility for men similar to that for women
- · Re-entry housing and programs
- · Senior issues

2. Information and Access to Behavioral Health Services

- · Evaluate Network of Care information referral services
- · How new consumers get access to care
- · How new consumers find a peer support provider
- · Barriers to accessing services
- · How integration of mental health and substance abuse is working
- Special needs and special populations
- · Impact of mental health parity legislation

3. Chronic trauma as related to violence and youth and family Issues

- Southeast Trauma Report: follow up, execution and expansion.
- · Grief counseling for youth and family members
- · What are the successful programs?
- · Explore trauma citywide
- Trauma informed care related to children's mental health
- Police and provider collaboration regarding trauma
- Mental health first aid

6.1 Public Comment.

No public comments.

ITEM 7.0 PUBLIC COMMENTS

No public comments.

ADJOURNMENT

Meeting adjourned at 4:21 PM.









117/14

Mayor Edwin Lee

1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3474 fax: 255-3760 mhb@mentalhealthboardsf.org www.sfgov.org/mental_health

THE MENTAL HEALTH BOARD MEETING

FOR

WEDNESDAY, DECEMBER 17, 2014

IS CANCELED

The Mental Health Board will be holding its Annual Retreat on Saturday, December 6, 2014 from 9:00 am – 4:00 pm at Hotel Whitcomb, 1231 Market Street, San Francisco. The agenda will be posted on the www.sfgov.org/mental_health web site, and at the San Francisco Public Library, and the Board of Supervisors.

The Annual Retreat is open to the public. No final votes will be taken by the Board at the Retreat. Any proposals or resolutions developed by the Board during the Retreat will be placed on the agenda for public comment and to be voted on at its next regular meeting on Wednesday, January 21, 2015 at 6:30 pm, City Hall, Room 278.

GOVERNMENT DOCUMENTS DEPT

NOV 1 3 2014

SAN FRANCISCO PUBLIC LIBRARY







